

PREA Facility Audit Report: Final

Name of Facility: Southern Residential Community Home

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/26/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Robert Manville	Date of Signature: 09/26/2022

AUDITOR INFORMATION	
Auditor name:	Manville, Robert
Email:	robertmanville9@gmail.com
Start Date of On-Site Audit:	08/05/2022
End Date of On-Site Audit:	08/05/2022

FACILITY INFORMATION	
Facility name:	Southern Residential Community Home
Facility physical address:	800A Buffalo Avenue , Egg, New Jersey - 08215
Facility mailing address:	

Primary Contact	
Name:	Roel Alexander
Email Address:	roel.alexander@jjc.nj.gov
Telephone Number:	609-965-5200

Superintendent/Director/Administrator	
Name:	Lawrence Gleason
Email Address:	lawrence.gleason@jjc.nj.gov
Telephone Number:	609-965-5200

Facility PREA Compliance Manager	
Name:	Tara Parkman
Email Address:	tara.parkman@jjc.nj.gov
Telephone Number:	O: 609-965-5200
Name:	Thomas Peterson
Email Address:	thomas.peterson@jjc.nj.gov
Telephone Number:	O: 609-965-5200
Name:	Roel Alexander
Email Address:	roel.alexander@jjc.nj.org
Telephone Number:	O: 609-690-7079
Name:	Lawrence Gleason
Email Address:	lawrence.gleason@jjc.nj.gov
Telephone Number:	O: 609-414-0717

Facility Health Service Administrator On-Site	
Name:	Nancy Torres
Email Address:	nt298@ubhc.rutgers.edu
Telephone Number:	609-9655200

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	11
Average daily population for the past 12 months:	12
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	12-25
Facility security levels/resident custody levels:	1.2
Number of staff currently employed at the facility who may have contact with residents:	27
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	New Jersey Juvenile Justice Commission
Governing authority or parent agency (if applicable):	
Physical Address:	1001 Spruce Street, Suite #202, Trenton, New Jersey - 08638
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Jennifer LeBaron, Ph.D.
Email Address:	jennifer.lebaron@jjc.nj.gov
Telephone Number:	6093760601

Agency-Wide PREA Coordinator Information			
Name:	Jeffrey Jenei	Email Address:	Jeffrey.Jenei@jjc.nj.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
6	<ul style="list-style-type: none"> • 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.317 - Hiring and promotion decisions • 115.333 - Resident education • 115.342 - Placement of residents • 115.351 - Resident reporting • 115.353 - Resident access to outside confidential support services and legal representation
Number of standards met:	
37	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-08-05
2. End date of the onsite portion of the audit:	2022-08-05

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	New Jersey Coalition Against Sexual Assaults AVANZAR

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	12
16. Number of inmate/resident/detainee housing units:	11
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	9
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	27
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	9
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	Interviewed all residents at the facility the day of the audit.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewed all residents at the facility the day of the audit.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the interviews the medical, mental health and facility staff reviewed each resident to determine if they were part of the targeted population. There were 9 residents at the center. All were interviewed</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the interviews the medical, mental health and facility staff reviewed each resident to determine if they were part of the targeted population. There were 9 residents at the center. All were interviewed</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the interviews the medical, mental health and facility staff reviewed each resident to determine if they were part of the targeted population. There were 9 residents at the center. All were interviewed</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the interviews the medical, mental health and facility staff reviewed each resident to determine if they were part of the targeted population. There were 9 residents at the center. All were interviewed</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the interviews the medical, mental health and facility staff reviewed each resident to determine if they were part of the targeted population. There were 9 residents at the center. All were interviewed</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the interviews the medical, mental health and facility staff reviewed each resident to determine if they were part of the targeted population. There were 9 residents at the center. All were interviewed</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the interviews the medical, mental health and facility staff reviewed each resident to determine if they were part of the targeted population. There were 9 residents at the center. All were interviewed</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the interviews the medical, mental health and facility staff reviewed each resident to determine if they were part of the targeted population. There were 9 residents at the center. All were interviewed</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the interviews the medical, mental health and facility staff reviewed each resident to determine if they were part of the targeted population. There were 9 residents at the center. All were interviewed</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the interviews the medical, mental health and facility staff reviewed each resident to determine if they were part of the targeted population. There were 9 residents at the center. All were interviewed</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>11</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>I interviewed all staff at the facility regardless of their job responsibilities. This included food service, teachers and case managers,</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>We were able to speak to one staff by phone. There were no other staff available with the exception of the Superintendent and assistant superintendent.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>6</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>2</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The facility shares human resources, investigators and as needed medical and mental health staff.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

SRCH is a 24-bed facility, offering treatment services, and a step down from secure care for residents targeted for community reintegration. The program is 60 days in length. A resident must remain charge free and demonstrate progress within the program to be reclassified for “community program” status. SRCH is a program designed to instill values, morals, ethics, norms, and to provide self-discipline to adjudicated residents. During the one-day onsite tour, youth were observed to be under constant supervision of the staff while involved in various activities. The physical plant consists of three buildings, an administrative building which contains Administrative Offices, Social Worker office, medical station, open conference area, substance abuse counselor officer, recreational area, two housing wings; long hall has eight rooms that houses two to four residents, short hall has four rooms that houses two to four residents. There is a community bathroom and showers, both providing privacy from cross-gender staff viewing. There is an outdoor sports field for residents to participate in a variety of activities.

PREA signage was displayed in all areas frequented by the residents. Signage has bold print and is youth friendly. The tour included all areas of the facility which included but was not limited to Intake, housing area, medical, food services and outdoor areas. Signage was observed on doors indicating youth are not allowed in the room/area or only allowed with staff supervision. Observation of bathrooms revealed shower stall openings have shower coverings to allow residents privacy when taking showers. The restroom and shower procedures are printed and posted at the entrance of the restroom and shower area in each housing area. Observation of the surveillance system monitors revealed cameras do not capture showers, toilets or inside residents’ rooms. The signage posted includes instructions on accessing the 24/7 hotlines for reporting allegations and requesting advocacy services for the AVANZAR (rape crisis center). Both hotlines were tested in two housing units and were operational.

Questions were answered by staff during informal interviews regarding resident activities and program services as the tour progressed throughout the facility. The site visit also included the outside grounds. During the tour, the intake process was described, and the daily scheduled activities and staff supervision were discussed by the Superintendent. There were no new admissions during the site visit. Staff readily explained activities as different facility areas were visited.

The residents were very courteous and engaging. In a group discussion with several residents, the residents provided me an overview of PREA in action at the facility. I asked the residents during the intake if they had studied for the interview. They all said no but were well prepared for their interview.

Request and Remedy Forms, and the locked boxes for each are posted in the common area, accessible to all residents, staff and visitors. All residents have access to writing utensils needed for completing the forms.

The tour was extremely positive. Staff morale and PREA understanding was high even though many have worked a lot of over time due to shortages and covid breakouts in the last few months.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The agency provided the auditor with background checks on all NJJJC facility staff including five-year tenured staff and promotions. The auditor requested and received copies of all present resident file. NJJJC is working toward electronic files and some of the information that is normally found in hard files are now located on computers. The auditor reviewed 12 screening instruments, 12 orientation, and 12 comprehensive education acknowledgement statement signed by residents. All staff training acknowledgement were provided the auditor. Contracting training files were reviewed for all contractors. The auditor reviewed the logbooks for unannounced rounds. The facility did not have any allegations of sexual abuse or sexual harassment to review.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The center has not had any sexual abuse or sexual harassment allegations in the last three years.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The center has not had any sexual abuse or sexual harassment allegations in the last three years.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

Correctional Management and Communication Group

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>NJ Division of the Deaf and Hard of Hearing's referral list</p> <p>Organizational Chart</p> <p>Southern Residential Community Home's Organizational Chart</p> <p>Southern Residential Community Home's PREA Team Memo</p> <p>115.311 (a): New Jersey Juvenile Justice Commission is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The agency has developed and implement policies to comply with PREA standards for Juvenile Facilities. Policies includes clearly defined definitions, and residents, staff, contractor, and volunteer roles in preventing, detecting and responding to sexual abuse and sexual harassment. The NJJC and other stakeholders associated with the agency are committed to preventing, detecting, and responding to sexual abuse and sexual harassment. Everyone has the right to be free from sexual abuse, sexual harassment, neglect, and exploitation. This includes not being subjected to sexually assaultive, abusive, and/or harassing behavior from staff and other residents. Policies establishes that the center, staff, residents, volunteers, contractors, or visitor are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment.</p> <p>The Policy addresses the provision of support services for disabled residents by providing these residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, performance of first responder duties, or the investigation of the allegations. Staff interviews confirmed this information. The facility utilizes the NJJC Office of Education for supportive services to residents with disabilities or who may be limited English proficient which was verified through the interview with the Superintendent.</p> <p>Residents with disabilities are afforded the same rights and will be provided access to interpreters, presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, blind or have low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources.</p> <p>Residents with disabilities have equal opportunity to participate in and benefit from all aspects of Southern Residential Community Home's (SRCH) efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>115.311 (b): New Jersey Juvenile Justice Commission employs an agency head to manage all aspect of children services for the New Jersey Juvenile Justice Commission. The agency head employs a PREA Coordinator that oversees the efforts to comply with the PREA standards in all programs under the umbrellas of the NJJC. The PREA coordinator reports to the Agency Head and ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities. At Southern Residential Community Home, the PREA compliance manager reports to the facility superintendent. The PREA coordinator and the PREA compliance managers interviews established a high priority in making the centers a safe place for at risk children and young adults.</p> <p>115.311 (c): The center has a PREA compliance manager that oversee the implementation of all PREA standards and ensures compliance with PREA standards. In interview he indicated he had the time to conducts his duties. At SRCH the superintendent has appointed seven additional staff as members of the facility PREA team to assist the PREA compliance manager in caring our PREA responsibilities. In interviews with several of these staff indicated they meet on a regular basis to discuss PREA related topic and how to aide in developing a positive culture.</p> <p>Exceeds compliance was determined by review of the organizational chart and interviews with the agency head, PREA coordinator.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Pre-Audit Questionnaire</p> <p>Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p>115.312 (a) (b) A review of the documentation revealed NJJC does not contract for the confinement of residents with private entities or other entities, including other government agencies. This standard is not applicable to this facility.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1461 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 553 387">PREA Pre-Audit Questionnaire</p> <p data-bbox="242 418 676 445">Facility Operating Procedures (FOP) PREA</p> <p data-bbox="242 477 624 504">NJJC CP:09.01 Juvenile Supervision</p> <p data-bbox="242 535 786 562">NJJC ED:01.02- Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 593 775 620">Southern Residential Community Home Staffing Plan</p> <p data-bbox="242 651 715 678">Annual Staffing meeting held January 23, 2022</p> <p data-bbox="242 710 469 736">Unannounced Rounds</p> <p data-bbox="242 768 1490 1359">115.313 (a): Each year during the agency reviews of staffing includes needs for cameras, staffing or rearranging the staffing plan to meet the required staff in order to maintain a safe and secure operation. Their staffing plan's annual reviews conducted in 2021 were found to be in compliance with this standard. The staffing plan included: (1) Generally accepted detention and correctional/secure residential practices. (2) Any judicial findings of inadequacy. (3) Any findings of inadequacy from Federal investigative agencies. (4) Any findings of inadequacy from internal or external oversight bodies. (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated). (6) The composition of the resident population. (7) The number and placement of supervisory staff. (8) Institution programs occurring on a particular shift. (9) Any applicable State or local laws, regulations, or standards. (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The staffing plans are in depth review of each of the 11 factors that govern developing a staffing plan. The staffing plans are predicated on a population of 18 residents while the average population for the last 3 years was 10. The facility did not report deviations from the staffing plan during the past 12 months. The staff to-youth ratios of a minimum of 1: 8 during the resident waking and minimum of 1:16 during sleeping hours is always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. SRCH utilizes staff monitoring to protect the residents from sexual abuse and harassment. Based on conversations with the PREA coordinator and facility administrator it was obvious that the facilities review all areas of the center for additional staffing and resident movement in order to meet the requirement of this standard. The direct care staff were noted to be located throughout the center during the tour or review of cameras monitoring. The facilities utilize the standard of minimum of 1 to 8 direct care staff during waking hours and minimum of 1 to 16 during sleeping hours.</p> <p data-bbox="242 1391 1490 1619">At SRCH resident supervision is based on the resident's level of supervision. The supervision level includes 1. Standard Supervision; 2. Enhanced Supervision and 3. Direct Supervision. Random interviewed direct care confirmed that they are assigned based on activities at each unit and the resident's supervision status which will impact the staffing plan. The random staff stated that the center does not count control operators toward meeting this requirement. The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. During the tour of the facility a formal PREA tour and several walk throughs of the facility noted that the ratios varied from 1 to 4 to 1 to 6. There was no time that the ratio was above the required ratios.</p> <p data-bbox="242 1650 1490 1843">115.313 (b): The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. During the pandemic the center had to reduce the resident capacity in order to provide staff that ensured compliance with the staff to resident ratios. The center also provided overtime pay and utilized management staff to meet the mandates of the staff to resident ratios. The auditor reviewed the staffing schedules for the past 90 days and found that the facility was providing overtime pay for staff on a rotating basis. However, there were no instances when the mandatory staff requirement was not met.</p> <p data-bbox="242 1874 1490 2004">115.313 (c): NJJC Policy ED:01.02 PREA mandates that the staffing plan will be reviewed and approved by the PREA coordinator at least yearly. The staffing plans were all submitted to the PREA coordinator and agency head. Each staffing plan was approved by the same staff. The PREA coordinator and agency head were interviewed and indicated they discuss the staffing plan with the facility director and discuss blind spots, camera coverages and staffing deployment.</p> <p data-bbox="242 2036 1490 2125">115.313 (d) The facility provided the auditor with a copy of the staffing plan for 2022. The plan included all elements of the standards and is based on a population of 18 residents. The plan included signatures of the Facility Director, Facility Compliance manager, the agency PREA coordinators.</p>

115.313 (e): NJJC Policy ED:01.02 PREA unannounced rounds the facility superintendent and assistant superintendent conducts unannounced rounds on all shifts and all areas of the facility to monitor and deter staff sexual abuse and harassment. Each shift supervisor makes rounds several times during each shift. It is the policy of SRCH that staff are not to inform other staff when the shift supervisor, facility manager are making rounds. During the tour the auditor reviewed the logbooks in all housing units and noted that the shift supervisor, and/or facility administrator had signed to logbook a minimum of one a day for the last three weeks excluding weekends. Shift supervisor had signed the logbooks on each day including weekends.

Compliance was determined by review of policies, documentation and interview with staff confirm compliance with this standard. Staff could not meet with the auditor until they were properly relieved to ensure the facility always had a 1 to 8 ratio during waking hours and a ratio of 1 to 16 during sleeping hours.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1461 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 405 387">NJJC ED:01.2</p> <p data-bbox="240 418 547 445">NJJC CP: 09.07 Search Plan</p> <p data-bbox="240 477 625 504">Policy- Search Plan Addendum Memo</p> <p data-bbox="240 535 533 562">Announcing Presence Memo</p> <p data-bbox="240 593 638 620">Training Acknowledgement Statements</p> <p data-bbox="240 651 608 678">Training Sign-in Sheet Posted Signs</p> <p data-bbox="240 710 507 736">Transgender search video</p> <p data-bbox="240 768 293 795">PAQ</p> <p data-bbox="240 826 1477 916">115.315 (a): Based on interviews with staff and residents there have been no cross-gender pat down searches in the last 12 months. NJJC CP: 09.07 Search Plan mandates the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners.</p> <p data-bbox="240 947 1477 1037">115.315 (b): The facility always refrains from conducting any cross-gender pat down except in exigent circumstances. All staff interviewed indicated they have never conducted a cross-gender search. All resident interviewed stated they had never been searched by a staff of the other gender.</p> <p data-bbox="240 1068 1418 1126">115.315 (c): The facility did not have any transgender or intersex resident at the facility. All cross-gender searches are documented. According to the PAQ there were no cross-gender searches during the last 12 months.</p> <p data-bbox="240 1158 1485 1386">115.315 (d): A tour of the center found that all areas that are utilized for housing residents have necessary barriers to allow resident to shower without being viewed by person of the opposite gender and privacy from other residents during the showering process. All resident stated they are allowed to change clothes and shower in private. A review of the cameras noted there were no cameras that provided views of the shower or toilet areas in any of the units. All staff of the other gender always announce their presence when entering a housing unit. There are reminders poster placed at the entrance of each housing unit. Staff and resident confirm that staff announce their presence and will knock on the door prior to looking in during counts.</p> <p data-bbox="240 1417 1493 1713">115.315 (e): Agency Policy prohibits searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. Policy mandates that if a resident's genital status is unknown, the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Prior to arriving at the facility, compliance manager, and superintendent stated they would consult with the PREA Coordinator and would meet with the resident and take into consideration his/her sexual orientation and treat them accordingly. The center has private showers and toilets and indicated that a transgender or intersex resident would be housed in the area that the resident felt most comfortable. The PREA coordinator is actively involved in supporting goal to provide a safe environment for residents and would be part of the conversation of the housing and programming plan for a transgender resident.</p> <p data-bbox="240 1744 1469 1937">115.315 (f): A review of the staff training plan includes intervention techniques and standards required to be utilized prior to conducting any searches. Interview with random staff confirmed they had received training on intervention techniques. This training included conducting cross gender searches in a professional and respectful manner. The training also emphasizes that cross gender searches will only be employed in exigent circumstances. Staff interviewed understood what an exigent circumstance would intel. The agency provided the auditor with a copy of the video that all staff review on at a minimum of once a year.</p> <p data-bbox="240 1968 1485 2027">Compliance was determined by review of policies, reviewing the training curriculum, reviewing staff training, memos from the facility superintendent confirming compliance with no cross-gender searches and interview with resident and staff.</p>

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

NJJJC ED:01.2, Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy Bilingual Interpreters

Facility Operating Procedures (FOP) PREA

N.J.A.C. 6A:14 Child Study Team

Video

Resident's Guide to PREA

PREA Posters in several languages

Directory of Sign Language Interpreters

Staff Training

PREA Memo for Special Education Services

Statement of Fact

115.316 (a- c): The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

The Policy addresses the provision of support services for disabled residents by providing these residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, performance of first responder duties, or the investigation of the allegations. Staff interviews confirmed this information. The facility utilizes the NJJC Office of Education for supportive services to residents with disabilities or who may be limited English proficient which was verified through the interview with the Superintendent.

The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

An Interpreting and Translation Agreement is documented with the NJ Division of the Deaf and Hard of Hearing for services to residents. The evidence shows residents with disabilities and who may be limited English proficient are provided equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All staff interviewed confirmed residents are not used as interpreters and understand prior arrangements have been made regarding language interpreters. There are staff who can speak and translate in other languages in an emergency situation. The evidence shows the facility ensures access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially, using any necessary specialized vocabulary. According to the superintendent several staff are bilingual.

The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

According to Policy, the facility prohibits the use of resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreter services could jeopardize a resident's safety, performance of the first responder

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1458 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 485 387">NJJC Policy- ED:01.02</p> <p data-bbox="242 418 676 445">Facility Operating Procedures (FOP) PREA</p> <p data-bbox="242 477 873 504">NJJC Policy-12H-7-1 Hiring Practices – Employee Verification</p> <p data-bbox="242 535 1422 593">NJJC Policy- 14 HR: 07.02A- PREA Standard: Periodic Criminal History Checks: Employees, Volunteers, Interns and Contractors</p> <p data-bbox="242 624 564 651">Child Abuse Record Information</p> <p data-bbox="242 683 603 710">NJJC Contractor Acknowledgement</p> <p data-bbox="242 741 608 768">Request for Background Information</p> <p data-bbox="242 799 751 826">NJJC Policy 14HR:07.02 Criminal History Checks</p> <p data-bbox="242 857 400 884">Personnel Files</p> <p data-bbox="242 916 293 943">PAQ</p> <p data-bbox="242 974 1469 1032">115.317 (a): The SRCH shall not hire or promote anyone who may have contact with youth and shall not enlist the services of any contractor who may have contact with youth, who.</p> <ol data-bbox="242 1064 1485 1337" style="list-style-type: none"> <li data-bbox="242 1064 1485 1122">1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997). <li data-bbox="242 1153 1437 1211">2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or <li data-bbox="242 1243 1485 1337">3. Has been civilly or administratively adjudicated to have engaged in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. <p data-bbox="242 1368 1465 1529">SRCH shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth. Before hiring new employees, who may have contact with youth, the center shall adhere NJJC Policy Hiring, Staffing and Monitoring to Prevent and Effectively Address Sexual Harassment, Sexual Assault and/or Sexual Abuse of Residents. Recruitment and Selection includes background check, review of the child registry and prior employer interviews when applicable.</p> <p data-bbox="242 1561 1485 1789">SRCH shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth. The center also conducts an interview with former employees and interviews references provided by the perspective employee. During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. SRCH shall require the following background checks on all staff, volunteers, interns, and contractors and any applicant that is being considered for employment or promotion: 1. Criminal background or records check. and child abuse and neglect registry check.</p> <p data-bbox="242 1821 1485 2148">115.317 (b): The Agency Policy Hiring, Staffing and Monitoring to Prevent and Effectively Address Sexual Harassment, Sexual Assault and/or Sexual Abuse of Residents states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. Prior to a promotion the facility will conduct a promotion board. Prior to promotion or selections, the applicant completes a questionnaire that includes all areas of the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p>

115.317 (c): During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. SRCH shall require the following background checks on all staff, volunteers, interns, and contractors and any applicant that is being considered for employment or promotion 1. Criminal background or records check. and 2. Child abuse and neglect registry check. The human resources staff indicated in interviewed and confirmed by reviewing personnel files that she conducts a reference check on all prospective employees. This check includes any history of sexual abuse, sexual harassment including sexual harassment toward other staff. In the last 12 months the facility did not employ any new staff.

115.317 (d): NJJC facilities shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth. During the last 12 months the facility hired 3 new contractors.

115.317 (e): NJJC Policy- 14 HR: 07.02A- PREA Standard: Periodic Criminal History Checks: Employees, Volunteers, Interns and Contractors requires the center will conduct background checks on all staff, volunteers, interns, and contractors every five (5) years, or sooner. This was confirmed by reviewing background check for staff with 5 year or more tenure at the facility.

115.317 (f): The agency asks applicants about previous misconduct described in paragraph (a) of this section in written applications or during interviews for hiring or promotions. As part of the refresher training, staff are advised that they have a duty to report the information in section (a).

115.317 (g): - Agency Policy Hiring, Staffing and Monitoring to Prevent and Effectively Address Sexual Harassment, Sexual Assault and/or Sexual Abuse of Residents mandates that employees and volunteers will report any arrest, which include any notice to appear in court for a criminal charge, to their immediate supervisor within 24 hours of the arrest or receipt of the notice to appear. Failure to report may result in disciplinary action up to and including termination.

115.317 (h): Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The interview with the Facility Administrator confirmed the facility would provide this information if requested to do so. The human resources director indicated that the agency reports to other law enforcement and correctional facilities any information including substantiated sexual abuse, sexual harassment, child neglect or pending investigations.

The agency conducts background check and child registry checks through the central office division of personnel. The State Director of human resources provided a document indicated they date of hire and the date of the last background checks and child registry checks. These background check included staff with over 5-year tenure and who had been promoted.

The agency does a yearly appraisal of all staff. It was recommended the agency to add the three questions to the self or supervisor yearly appraisals.

Compliance with the standard was determined by review of policies, personnel files, and interviews with Personnel supervisor agency head and facility administrator. The human resources director manages the selection process for both centers. Based on review of the spread sheet, policy and interview the human resources director, agency head, PREA coordinator and center superintendent to determine compliance with this standard.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The interview with the Superintendent and according to the Pre-Audit Questionnaire, SRCH has not acquired any new facilities since August 20, 2012.</p> <p>According to the facility superintendent SRCH has conducted camera and monitoring equipment preventive maintenance and repairs and replaced cameras as required. A review of the present system was operational and provided camera coverage throughout the facility.</p>

115.321	Evidence protocol and forensic medical examinations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 948 389">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 418 1034 448">Agency Policy (NJJC 1300I: 01.04) Evidence Collection, Control and Security</p> <p data-bbox="242 477 670 506">SANE staff from Atlantic Regional Hospital</p> <p data-bbox="242 535 751 564">Southern Residential PREA Staff Reference Guide</p> <p data-bbox="242 593 727 622">NJJC HS: 01.01 Health Services Policy Manual</p> <p data-bbox="242 651 702 680">NJ Coalition Against Sexual Abuse (NJCASA)</p> <p data-bbox="242 710 681 739">Rutgers on call Behavioral Health Providers</p> <p data-bbox="242 768 1461 992">115.321 (a): According to the email correspondence with the New Jersey CASA, the supportive services to victims include access to 24-hour reporting and contact for advocacy service; emotional support; accompaniment through forensic examination and investigative interview upon request; and provision of information and resources. The interview with the Superintendent confirmed the resident and/or facility staff members can utilize the victim service hotline to request a victim advocate. The auditor called to the AZANZAR which is part of the NJCASA statewide victim advocacy program and the Statewide SART program. According to interviews with AZANZAR, they have a staff available to report to the Atlantic Regional Hospital.</p> <p data-bbox="242 1021 1493 1216">115.321 (b): and (F): Policy provides for the uniform NJJC Protocols to be followed. The Protocol is outlined regarding appropriateness for youth and adults. The NJJC Protocol, developed by related professionals, addresses but is not limited to interviewing; evidence collection; victim services; notifications; and prosecution of sexual assault cases. The agency-based investigators conduct criminal and administrative investigations. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations.</p> <p data-bbox="242 1245 1493 1574">115.321 (c): The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The Policy states forensic medical examinations will be conducted at the Atlantic Regional Hospital who employs Sexual Assault Nurse Examiners (SANEs) and Sexual Assault Forensic Examiners (SAFEs). The Sexual Assault Policy of the hospital states that the medical forensic examination will be conducted by a SANE or SAFE. The facility policy states that the services will be provided at no cost to the victim. The Nurse's interview was aligned with the facility Policy. Interviews with Atlantic Regional Hospital were familiar with NJCASA and utilizes their services as victim advocates.</p> <p data-bbox="242 1603 1493 1865">115.321 (d-e): Currently an MOU exists with NJ SART and SANE program. The program is a Statewide Sexual abuse program that include NJCASA as part of the SART programs throughout New Jersey. Each resident was familiar with where additional advocacy information could be located on their living unit. Specialized staff confirmed that if requested by the victim, the center would provide a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews. In addition to counseling provided by a local mental health provider, victims of sexual abuse, either during or prior to admission, can receive emotional support services from a victim advocate program. During the last 12 months there was no resident that received a SANE evaluation.</p> <p data-bbox="242 1895 1477 1989">Compliance was determined through review of Statewide SART program, NJCASA, mental health staff at SRCH, reviews of policies and interviews with the Victim's advocacy center staff, Atlantic Regional Hospital and investigator provided compliance with this standard.</p>

115.322	<p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p>Agency Policy (NJJC 13OOI: 01.04) Evidence Collection, Control and Security Investigative Report</p> <p>Investigator Training Sign in Sheets</p> <p>115.322 (a & b): NJJC Policy ED:01.02, Prison Rape Elimination Act (PREA) address the requirements of Standard 115.322. The agency has a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation is not criminal in nature. The Office of Investigation are sworn officers and can conduct criminal investigations. Policy describes the responsibilities of both the agency and the criminal investigating entity. The agency has a practice that documents all such referrals. Policy mandates that the facility superintendent or designee will notify the NJJC Office of Investigations (OOI) as soon as possible after an allegation of sexual abuse or sexual harassment. OOI will determine if it is criminal, is noncriminal, if it is a PREA incident and determine appropriate investigative entity to conduct the investigation. The agency published such policy on its website per the PAQ and the interview with the PREA coordinator, The center has had no allegations of sexual abuse or sexual harassment in the PREA audit cycle.</p> <p>115.322 (c): Investigative protocols mandates that staff will secure the scene, not let the victim or predator change clothing, brush teeth, use the restroom or shower. The facility will assist the investigator in making available video and other material as requested.</p> <p>Random staff interviewed indicated they have a duty to report all allegations of sexual abuse or sexual harassment including third party reporting to their supervisor, PREA compliance manager, facility superintendent. The report would be done by phone or in person and would not be made on the radio or other means as to alert staff and other residents, particularly when it is a sexual harassment report.</p> <p>Residents knew of the multiple ways for them to report allegations of sexual abuse or sexual harassment.</p> <p>Compliance was verified by reviewing policies, procedures, agency website and interviews with agency designee, facility superintendent, investigator and random staff and residents.</p>
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115.331

Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Agency Policy NJJC ED:01.02, Prison Rape Elimination Act (PREA)

Facility Operating Procedures (FOP) PREA Staff PREA Curriculum

PREA Training Acknowledgement Statements

Cross Gender Training

Employee Training Files

Employee Training Curriculum

PAQ

PREA video for staff

115.331 (a): NJJC Policy ED:01.02, PREA employee training curriculum, and verification of training, all address the policy requirement of Standard 115.331. The training curriculum provided by the facility was tailored to the specific needs of a juvenile population. The documents and staff interviews support refresher training are also conducted and is documented. The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. Training is provided in a classroom setting on a yearly basis. One hundred percent of the staff at SRCH received training in the last 12 months. Specialized training programs are provided on an ongoing basis. All direct care staff members interviewed, and review of the training curriculum verified the general topics below were included in the training:

1. The center Zero Tolerance Policy for sexual abuse and sexual harassment.
2. How to fulfill their responsibilities under the center sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
3. Residents' right to be free from sexual abuse and sexual harassment.
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
5. The dynamics of sexual abuse and sexual harassment juvenile facilities.
6. The common reactions of juvenile victims of sexual abuse and sexual harassment.
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents.
8. How to avoid inappropriate relationships with residents.
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
11. Relevant laws regarding the applicable age of consent.

115.331 (b): Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. The facility houses male residents. The training considers the needs of the population as determined by a review of training curricula and interviews with random staff. The Policy state the training shall be tailored to the needs and attributes to the population served.

115.331 (c): The agency provides each employee with refresher to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In recent years the yearly in services added a video on conducting cross gender or persons frisk searches (pat down). All staff are required to complete this training. Training roster

and training records were reviewed and documented this training. The agency Policy addresses PREA related training for staff. All interviewed staff members were familiar with the PREA information regarding primary components of preventing,

115.331 (d): The agency document training, through employee signature or electronic verification that employees understand the training they have received. The Policy provides all training be documented. Staff members sign training rosters and training acknowledgement statements. A checklist is utilized for orientation training for all new employees and contains the elements of PREA training. The facility provided the Auditor with several examples for verification of the training occurring and the training was verified through staff interviews. PREA training is provided to staff, as indicated by a review of Policy and training documents. The documents and staff interviews support refresher training are also conducted and is documented. The direct care staff interviewed and the PREA compliance manager reported the training is provided as required. All direct care staff members interviewed, and document review verified the general topics below were included in the training: At the facility, it was evident through documentation, interviews, and observation of the day-to-day operations the staff is trained continually about the PREA standards during shift briefings, monthly staff meetings, and the completion of various on-line and instructor led trainings. Staff interviewed indicated they receive training on a continuous basis including reminders of PREA protecting, detecting and responding to allegations of sexual abuse or sexual harassment.

All staff interviewed were able to discuss the training in detail, including all areas in the questionnaire and schedule in which the training schedule. The training is provided in classroom instruction with power point presentation and additional video training on a yearly basis.

Compliance was determined by reviewing preservice and in service training curriculum and a review of the training records that indicated staff have received yearly training. An interview with random staff also confirmed that they received training including cross gender pat search training and when it is appropriate to conduct a cross gender pat down search. Staff interviewed indicated that sexual abuse and sexual harassment is a daily or weekly topic of training.

115.332	Volunteer and contractor training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 948 389">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 418 676 448">Facility Operating Procedures (FOP) PREA</p> <p data-bbox="242 477 421 506">PREA Curriculum</p> <p data-bbox="242 535 692 564">Training Attendance Record (Sign-in Sheets)</p> <p data-bbox="242 593 293 622">PAQ</p> <p data-bbox="242 651 512 680">PREA video for Contractor</p> <p data-bbox="242 710 533 739">Contract Training Curriculum</p> <p data-bbox="242 768 405 797">Contractor Files</p> <p data-bbox="242 826 1481 1084">115.332 (a): The center has developed and implementing a training program for Contracting staff and volunteers to provides training based on the role of the contractor or volunteer. The PREA educational curriculum utilized by NJJC for training volunteers and contractors is based on the services each provides and the frequency of their contact with the resident (s). The curriculum also covers the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The Volunteer staff must attend the volunteer training program that includes their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All fulltime contractors are mandated to attend the annual refresher training with all other staff. There were 9 contracting staff trained in the last 12 months.</p> <p data-bbox="242 1113 1490 1240">115.332 (b): The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance Policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p data-bbox="242 1270 1455 1397">115.332 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The PREA Notification document contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement containing the signature of the participant and the date, confirming their understanding of the PREA information.</p> <p data-bbox="242 1426 1474 1487">The auditor reviewed the training records of contractors for verification compliance with Standard 115.332. Compliance was also determined by interviewed with the contracting medical staff and center's superintendent.</p>

115.333

Resident education

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA) Facility Operating Procedures (FOP) PREA

PREA Training Power Point

PAQ

PREA video for residents

Resident Training Curriculum

PREA Acknowledgement

Resident's Guide to PREA

PREA Posters

115.333 (a): NJJC Policy ED:01.02 directs NJJC to provide PREA education to any resident assigned to the facility. PREA education also includes educating those residents who are Limited English Proficient (LEP), deaf, visually impaired, physically, or cognitive disabled or residents who have limited reading skills.

115.333 (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Also, during the comprehensive training, the trainer goes over the PREA resident's guide brochure and has a question-and-answer session with new residents. During the last 12 months 57 residents have received orientation and comprehensive training on PREA. The facility routinely conducts town hall meeting with the resident population and includes PREA as a corner stone of each of these meetings. Case managers, assistant superintendent and superintendent was noted talking to resident during the tours. During these tours staff were continuing to discuss PREA with the residents. Resident interviewed indicated they are informed about PREA at least once a day.

115.333 (c): Policy and procedures requires that residents receive such education within 10 days of arrival at the facility and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.

115.333 (d): The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. staff review with residents the End Silence Youth Speaking Up About Sexual Abuse in Custody novel, End the Silence brochure, Sexual Abuse Prevention Orientation Packet, and other PREA related educational information and inform residents of the agency's zero tolerance policy, their right to be free from sexual abuse, sexual harassment and from retaliation for reporting allegations of sexual abuse/sexual harassment. To verify receiving the mandatory training, each resident signs an acknowledgement. Additionally, each resident interviewed could describe multiple ways to report sexual abuse or sexual harassment. All residents interviewed were aware that the center posted PREA reporting options for residents throughout the facility. The postings were in Spanish and English.

115.333 (e): The agency shall maintain documentation of resident participation in these education sessions. A sample of signed acknowledgement statements were reviewed which supported the residents' involvement in PREA education sessions. The residents were aware of PREA information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The Intake staff was interviewed regarding PREA education for residents. They ensure residents' receipt of the information, including the resident signing the acknowledgement form. A review of 12 resident files confirmed they acknowledged the received a PREA orientation during intake and a comprehensive training within 10 days of arrival at the facility.

115.333 (f): The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. A Handbook is provided to each resident to eliminate incidents of sexual abuse and sexual harassment. The Handbook provides educational information regarding sexual abuse and victims. The residents revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member; telling a family member who may report the allegation for them; access to the hotline to report allegations of sexual abuse or sexual harassment; or complete a Request

and Remedy form. Each resident is provided a PREA Brochure. There are information posters located throughout the center. The auditor noted there were posters in all areas that resident frequent.

Exceed compliance was determined by review of the agency policies, training curriculum, poster, and resident files and by interviews with staff and resident. The training resident have received has help in molding a culture of sexual safe environment at the facility.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 948 389">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 418 440 448">Training Curriculum</p> <p data-bbox="242 477 392 506">Sign In Sheets</p> <p data-bbox="242 535 296 564">PAQ</p> <p data-bbox="242 593 1485 687">115.334 (a): NJJC Policy ED:01.02, and Investigative Protocol, mandates that NJJC may conduct criminal investigations. The agency or facility may conduct administrative investigation that are non-criminal. The agency has trained superintendent and Lieutenants on conducting administrative investigations in a confinement setting.</p> <p data-bbox="242 716 1485 945">115.334 (b): In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Provision (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The NJJC OOI Investigator receive additional training through the police academy and through agency training. There are 10 staff that have received this training.</p> <p data-bbox="242 974 1390 1034">115.334 (c): NJJC Policy ED:01.02; Investigative Protocol provide that staff that attend the specialized training will document all training they receive. The facility provided documentation of completion for these staff.</p> <p data-bbox="242 1064 1477 1124">Compliance was determined by review of the training curriculum, documentation of the training and interviews with staff that conduct investigations.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1461 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 794 387">NJJC HS: Policy 01.01 Health Services Policy Manual</p> <p data-bbox="242 418 799 445">Training Curriculum for Medical and Mental Health Staff</p> <p data-bbox="242 477 601 504">Training on Informed Consent Laws</p> <p data-bbox="242 535 469 562">Certificates of Training</p> <p data-bbox="242 593 635 620">Documentation of yearly PREA training</p> <p data-bbox="242 651 1485 943">115.335 (a): NJJC HS: Policy 01.01 Health Services Policy Manual addresses the requirement of Standard 15.335. Medical and mental health practitioners who work in SJS facilities to complete general PREA education and specialized PREA related training. the following: 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 5. Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse. 6. Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse. The facility has 3 medical or mental health staff that have received this training. These medical and mental health staff are regionally assigned. One of their offices is at the SRCH.</p> <p data-bbox="242 974 1474 1068">115.335 (b): According to the PREA coordinator and PREA compliance manager, and medical staff does not conduct forensic medical exams of residents. The Auditor interviewed specialized medical and mental health staff. These same staff confirmed that they do not conduct forensic examination on residents.</p> <p data-bbox="242 1099 1493 1323">115.335 (c- d): The mental health and medical staff completed the general and refresher training provided for all staff members. A review of the training certificates and training acknowledgement forms and interview with medical and mental health staff confirmed that the staff have received specialized training and generalized training as required by standards and have additional training that meets the expectations of the standards. There were thirty-two (32) medical and/or mental health staff who received this specialized training in the last 12 months. Three of these staff are assigned part time responsibilities at SRCH. The facility utilizes contract staff and any of the 32 trained staff are authorized to provides services at NJJC facilities.</p> <p data-bbox="242 1355 1469 1413">Compliance was determined by review of the training curriculum, documentation of the training and interviews with medical and mental health staff.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="244 360 732 387">Memo Regarding updating Screening Instrument</p> <p data-bbox="244 418 461 445">Screening Instrument</p> <p data-bbox="244 477 863 504">NJJC Policy - ED:01.02, Prison Rape Elimination Act (PREA)</p> <p data-bbox="244 535 676 562">Facility Operating Procedures (FOP) PREA</p> <p data-bbox="244 593 467 620">Resident File Reviews</p> <p data-bbox="244 651 1481 741">115.341 (a) and (b): NJJC Policy - ED:01.02, Prison Rape Elimination Act (PREA) addresses the requirements of Standard 115.341. All resident that are admitted into the program receive a risk screening for sexual vulnerability or aggressiveness within 4 hours of arriving at the facility. There were 56 residents that received the initial screening upon arrival at the center.</p> <p data-bbox="244 772 1485 902">The interview is usually conducted by a case manager; however, administrative and supervisory staff have been trained on conducting screenings. Mental Health staff review the screening and also conduct a mental health evaluation on new arrivals or transfer. From their review resident may be placed on a four-hour alert status which requires follow up after the resident has been at the facility four hours.</p> <p data-bbox="244 934 1461 994">115.341 (c): Prior to the screening the screener will review the resident files, the assessment's documentation and discuss with the resident the purpose of the screening. The screening instrument includes.</p> <ul data-bbox="244 1025 1473 1552" style="list-style-type: none"> <li data-bbox="244 1025 663 1052">· Prior sexual victimization or abusiveness <li data-bbox="244 1084 1473 1173">· Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse. · Current charges and offense history · Age · Level of emotional and cognitive development <li data-bbox="244 1205 507 1232">· Physical size and stature <li data-bbox="244 1263 604 1290">· Mental illness or mental disabilities <li data-bbox="244 1321 655 1348">· Intellectual or developmental disabilities <li data-bbox="244 1379 451 1406">· Physical disabilities <li data-bbox="244 1438 707 1464">· The resident's own perception of vulnerability <li data-bbox="244 1496 1437 1552">· Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. <p data-bbox="244 1583 1461 1610">Policy and procedure mandates that the screening will be completed within 72 hours of admission or transfer to the center.</p> <p data-bbox="244 1641 1481 1904">115.341 (d): Facility Operating Procedures mandates that all residents will be interviewed using an objective screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy-two (72) hours. Screening staff interviewed indicated staff review the residents court records, suicide screening reports, family information and any other documents that are provide to them at the time of intake. The screening staff utilizes the screening instrument during the initial intake process that includes and conversation with the resident in a private setting. The screening staff indicated they introduce the screening instrument to the resident by explaining the purpose of the questions and acknowledges to the residents that that the know they have been asked a lot of questions, however all of the information we talk about are for the purpose of make sure you are safe at the center.</p> <p data-bbox="244 1935 1485 2094">115.341 (e): Sensitive information obtained will not be exploited to the resident's detriment by staff or other residents. All staff will follow appropriate confidentiality when dealing with sensitive information. Information obtained will only be used to make housing, bed, program, and education assignments with the goal to keep all residents safe and free from sexual abuse and to reduce the risk of victimization. Policy mandate that only staff that need to know will have access to the screening instrument. Any resident that claims sexual victimization are seen by the Mental Health staff at the time of arrival.</p> <p data-bbox="244 2125 1433 2152">Based on the review of the screening instrument, agency policy and procedures, observations and information obtained</p>

through staff and resident interviews, and review of resident files, the facility has demonstrated exceed compliance with this standard. Interviews with the residents and clinical staff indicated the residents see their case manager usually weekly and during these sessions the staff and resident will discuss his feelings of vulnerability. Some of the resident indicated the staff also ask him about prior victimization. Policy mandate that a formal rescreening will be conducted every six months, however based on interviews with staff and residents the rescreening occurs much more often than the formal rescreening. Mental health and resident indicated they discuss sexual boundaries, past sexual behavior, and resident's feeling of safety during many daily individual meetings and during group therapy sessions.

Compliance was determined by reviewing the screening instrument, review resident files, interviews with staff conducting the screening, case managers, PREA compliance manager and residents.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

NJJJC Policy - ED:01.02, Prison Rape Elimination Act (PREA)

NJJJC Policy - ED:01.02A Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex Juveniles

Screening Instrument

Resident File Reviews

115.342 (a): NJJJC Policy - ED:01.02, Prison Rape Elimination Act (PREA) requires all information obtained upon intake and periodically throughout the residents' confinement will be used to make housing, bed, program, and education assignments with the goal of keeping all residents safe and free from sexual abuse. The facility utilizes a classification system for predator and victim to be house alone or housed in an area near the officer's station. The superintendent reviews the housing plan prior to a resident being assigned to a particular unit. The screening instrument is one of several documents to determine housing, programming, and assignment to a particular group is considered in placement of residents.

115.342 (b): A resident may be isolated from other residents as a preventive and protective measure, but only as a last resort when other less restrictive measures are inadequate to keep the resident safe from other residents, and then only until an alternate means of keeping all residents safe can be arranged. During any periods of protective isolation, facility staff may not deny a resident otherwise under control, access to daily large-muscle exercise and legally required educational programming or special education services. The center does not have a segregated area to house residents. Therefore, the resident will have to be placed on one-on-one observation until other arrangement can be made. Policy mandates that any resident in isolation must receive daily visits from a medical or mental health care clinician and must have access to other programs to the extent possible. It is not the practice or capabilities of the SRCH to house residents in isolation for preventive or protective measures. Based on the PAQ no resident has been placed in an isolated area due to a sexual abuse or sexual harassment allegation.

115.342 (c)(d): NJJJC Policy - ED:01.02A Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex Juveniles mandates staff must not search or physically examine a transgender or intersex Resident for the sole purpose of determining a youth's genital status. If a youth's genital status is unknown, it may be determined during conversations with the youth, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. A determination of housing will be completed by a Special Intake Team that will rely on the resident's sexual orientation and housed accordingly. Housing will not be based on the resident's sex at birth. Resident with gender identity that is neither male nor female shall be housed, placed or otherwise detained with individuals of the gender that is safest for them, and allow them to use the restroom or the gender that is safest for them, giving serious consideration of the juvenile's own views with respect to which gender they express to be safest for them. The Executive Director will receive the recommendation from the Special Intake Team and exercise sound discretion in accepting or rejecting the written determination of the Special Intake Team. There were no transgender or intersex residents in the facility during the onsite visit. The director confirmed the facility would consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

115.342 (e): Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. The Policy states placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year. This function would be done to review any threats to safety experienced by the resident and the Intake staff is aware of the requirement. The superintendent confirmed each transgender or intersex resident would be reassessed at least twice each year to review any threats to safety experienced by the resident by Policy, however in reality, residents are reassessed on an ongoing basis. Based on the review of the Pre-audit Questionnaire and interview with the Intake staff, the evidence shows the facility follows this provision of the standard.

115.342 (f): A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. The resident's concern for his own safety is taken into account through the administration of the Vulnerability Assessment and this applies to every resident. The residents confirmed in the interviews, they are asked about their safety concerns. A review of the PREA Education & Screening Log demonstrated the additional documentation of the screening assessments and re-assessments completed for each resident. The staff interviews revealed staff members are aware of the policy which requires the provision of the standard to be followed.

115.342 (g): Policy mandates that transgender and intersex residents shall be given the opportunity to shower separately from other residents. All staff interviewed were aware of that requirement, however most staff indicated that all residents are required to shower by themselves.

115.342 (h): If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged. The Policy states if a resident is isolated pursuant to part (B.2.) of this section, the facility shall document a. The basis for the facility's concern for the resident's safety; and b. The reason why no alternative means of separation can be arranged. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit. Interviews with the facility superintendent and PREA compliance manager confirmed the facility has not used isolation for this purpose.

The Isolation/separation would be documented according to the provisions of the policy and standard.

115.342 (i): A Resident may be isolated from other residents as a preventive and protective measure, but only as a last resort when other less restrictive measures are inadequate to keep the resident safe from other residents, and then only until an alternate means of keeping all residents safe can be arranged. Based on policy during any periods of protective isolation, facility staff may not deny a resident otherwise under control, access to daily large-muscle exercise and legally required educational programming or special education services. By policy any resident in isolation must receive daily visits from a medical or mental health care clinician and must have access to other programs to the extent possible.

115.351

Resident reporting

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The following policies, directives, memorandum and supplements were reviewed for compliance with this standard.

NJJJC Policy - ED:01.02, Prison Rape Elimination Act (PREA)

Request and Remedy Form

Third Party Reporting Forms

Resident Handbook for Secure Confinement

Sample of Incident Report

Resident Reporting Poster

Resident Guide to PREA

NJJJC Policy - 14ED:01.27 Request and Remedy Process

Homeland Security Memo

Memo to Residents (Posted)

Multilingual Posters NJCASA Division of Child Protection and Permanency hotline RAINNS Hotline

115.351 (a) The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The Policy provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation and staff neglect including telling a trusted staff member or filling out a Request and Remedy form and placing it in a secure drop box. Random resident interviews confirmed their knowledge of this procedure. Policy addresses this standard and provides for multiple internal ways a resident may report allegations of sexual abuse and sexual harassment, including how he/she can privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such.

Residents may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour hotline of an agency not a part of the facility as confirmed by resident interviews, posters, staff, and posted phone instructions. Direct care staff interviews revealed residents may use the telephone, located on each unit, to privately report sexual abuse and sexual harassment. The telephones were tested during the site tour and was found to be in working order.

The residents also identified internal ways a resident may report such as completing a Request and Remedy form; talking to a trusted staff member; or tell an outside person or family member. There is a designated locked box and forms in the housing area for depositing the written Request and Remedy forms. If a resident uses a Request and Remedy form to report allegations of sexual abuse or sexual harassment, he/she needs to complete the form, check the appropriate space, and place it in the secured box.

The resident receives a Resident Handbook which provides PREA related information, including how to report allegations of sexual abuse. Posters are located in the living units and other areas visible to residents, staff, contractors and visitors. Residents revealed they have contact with someone who does not work at the facility such as a family member or other person they could report abuse to if needed. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, and staff meetings

115.351 (b): The Policy requires youth to have one way of reporting sexual abuse and sexual harassment to a public or private entity or office not a part of the agency. Random residents interviewed were aware of the abuse hotline and were able to articulate how they could gain access.

Residents may use the telephone located in the housing area to contact the following "hotlines".

- Department of Children and Families, Division of Child Protection and Permanency *3237#
- New Jersey Coalition Against Sexual Assault *9050#

The resident may select the appropriate line and dial a number to reach a victim advocate at the New Jersey CASA to report an allegation of abuse and/or request advocacy services. Signs are posted explaining how to access the New Jersey CASA and contains non-emergency numbers for agencies. Direct care staff revealed staff could use the emergency phone to report allegations of abuse. Allegations of sexual abuse have not been reported during this audit period. The facility does not detain residents solely for civil immigration purposes. There are posters and the resident handbook provides phone numbers of immigration services.

115.351 (c): The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third-party reports and to document verbal reports. All residents interviewed revealed they are familiar with the provisions of the standard. The resident interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by phone, completing a Request and Remedy Form, or through a third-party. The residents were aware third-party reports could be made and that reports can be made anonymously. Staff members interviewed were aware of their duty to receive and document third-party reports.

115.351 (d): Writing materials are readily available for residents to complete the accessible forms. Prior to the site visit pictures were sent to the Auditor showing the reporting forms such as Request and Remedy Forms and the accessibility of writing utensils. During the site visit and while on the site review, the Auditor observed the accessibility of writing utensils to the residents.

Based upon the review of policies, reporting systems, interviews with staff from NJCASA hotline, NJJC telephone number, the NJJC ombudsman, and DCPD hotline number, the auditor has determined the facility exceeds compliance with this standard regarding resident reporting. The residents have multiple internal ways for to privately report.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1461 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 863 387">NJJC Policy - ED:01.02, Prison Rape Elimination Act (PREA)</p> <p data-bbox="240 418 676 445">Facility Operating Procedures (FOP) PREA</p> <p data-bbox="240 477 828 504">NJJC Policy - 14ED:01.27 Request and Remedy Process</p> <p data-bbox="240 535 443 562">Resident Handbook</p> <p data-bbox="240 593 424 620">Grievance Forms</p> <p data-bbox="240 651 416 678">Grievance Boxes</p> <p data-bbox="240 710 397 736">Writing utensils</p> <p data-bbox="240 768 1485 925">115.352 (a): NJJC Policy - 14ED:01.27 Request and Remedy Process provides instructions on how to file grievances are provided to residents on Resident Handbook and PREA posters. Youth may request assistance in completing the form and a lockbox is located for youth to submit the form anonymously. Youth are allowed to select if they wish the form to be provided to the Ombudsman or sent directly to the Office of Investigations. All forms received by staff that alleged any sexual abuse or criminal activity shall be called into the Executive Director and forwarded to the Executive Director within one day.</p> <p data-bbox="240 956 1485 1048">If criminal in nature, the information shall be automatically called to the Office of Inspections. The decision of the Request and Remedy process requires that an appeal form be supplied to the youth when giving a decision; however, in the case of a PREA Complaint form, the investigators will make notification to the youth.</p> <p data-bbox="240 1079 1449 1137">An interview with the Superintendent reports that grievances are addressed immediately, and an investigation begins. He also reports that all residents are provided notification of the outcome of the report.</p> <p data-bbox="240 1169 1485 1429">115.352 (b): There is no time limit when a resident can submit a grievance regarding sexual abuse. SRCH does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Residents are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict NJJC ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and information provided on the Pre- Audit Questionnaire, in the past 12 months there were no grievances filed alleging sexual abuse or sexual harassment. No grievance required an extension for investigation or notification.</p> <p data-bbox="240 1460 1461 1588">115.352 (c): Based on facility policies, residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. Residents may submit grievances to the Facility superintendent or executive director. If a third-party file a grievance on a resident behalf, the alleged victim must agree to have the grievance filed on his behalf.</p> <p data-bbox="240 1619 1485 1814">115.352 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of the response to be a denial at the first level.</p> <p data-bbox="240 1845 1485 2040">115.352 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of the response to be a denial at the first level.</p> <p data-bbox="240 2072 1485 2161">115.352 (e): Third parties such as fellow residents, family members, attorneys or outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of residents. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue</p>

any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident decision. In interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.

115.352 (f): Residents may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the facility superintendent designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. The facility would advise the residents the outcome of the investigations on the Grievance Form. In interview with the PREA compliance manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.

115.352 (g): A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the inmate filed the grievance in bad faith. There has been no disciplinary action due to filing a grievance in bad faith.

Compliance was determined by review of the policies, interview with the PREA compliance managers, residents, and presence of grievance box and review of grievances and notification forms.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Pre-Audit Questionnaire

NJ CASA

AVANZAR-NJCASA Affiliate in Atlantic County, NJ.

NJ Department of Children and Family Service (hotline)

NJJJC Policy- 11CP: 04.01 Visits to Juveniles

NJJJC Policy- 11 ED:01.04 Confidentiality of Juvenile Records

115.353 (a): The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. Contact information is posted throughout the facility for the NJ CASA, AVANZAR, NJCASA and NJ Department of the Children and Family Services (hotline) notices were observed posted during the tour of the facility. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

The main service provider at the AVANZAR which is part of the NJCASA victim emotional support programs. The New Jersey CASA also provides the following: a 24/7 hotline staffed by certified victim advocate; certified victim advocates to respond to requests for advocacy and accompaniment during forensic examination; counselling; follow-up support; and referral for treatment after release or transfer to another facility. Signs containing the New Jersey CASA hotline number and basic information about the service were observed throughout the facility.

Contact information for advocacy services is a part of the PREA education sessions and is also provided to each resident in the PREA brochure. Information is also provided through signs and posters in various parts of the facility including each living unit. In interviews with AVANZAR, staff indicated they are part of the CASA coalition and provided all the services indicated above. They are also member of the NJ SAFE and SART program and provide SANE and SART staff in cases of sexual abuse or to provide emotional support.

115.353 (b): Policy - ED:01.02 addresses confidentiality of the advocacy support services. The resident receives information regarding the limitations of confidentiality during the intake process. An acknowledgement statement specific to the review of the reporting and advocacy services contains information regarding the advocacy services to be provided by The New Jersey CASA. Samples of acknowledgement statements were reviewed.

115.353 (c): The agency maintains an agreement with NJCASA for emotional support services related to sexual abuse. The Facility Superintendent confirmed the availability and accessibility of outside confidential support services to residents. Interviews with NJCASA confirmed their network of providers throughout New Jersey to provide emotional support for victims of sexual abuse

115.353 (d): The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. The interview's confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians. The site tour revealed areas where residents could meet privately with a legal representative and the visitation area for visits with family members. All residents interviewed stated family could visit and they provided the days and times of visitation and for phone calls. Residents interviewed confirmed the facility would allow them to see or talk with their lawyer, another lawyer, or a court representative privately. Residents interviewed confirmed the facility would allow them to see and talk with their parents or someone else, such as a legal guardian. Visitors to the facility are informed of PREA. The facility superintendent confirmed the facility provides residents with reasonable and confidential access to their attorneys or court representatives and reasonable access to parents or legal.

Compliance was determined by review of center visitation rules, policies, and memorandums, poster located throughout the facility and interview with staff of the NJCASA affiliate program, AVANZAR, facility superintendent and random staff and residents. Residents have an array of emotional support staff outside the facility. During interviews most of the resident were aware of the Victim Advocacy Services and how to get in contact to receive emotional support.

115.354	Third-party reporting
	<p data-bbox="240 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 239">Auditor Discussion</p> <p data-bbox="240 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 485 389">Pre-Audit Questionnaire</p> <p data-bbox="240 418 863 448">NJJC Policy - ED:01.02, Prison Rape Elimination Act (PREA)</p> <p data-bbox="240 477 676 506">Facility Operating Procedures (FOP) PREA</p> <p data-bbox="240 535 517 564">Third Party Reporting Form</p> <p data-bbox="240 593 740 622">New Jersey Juvenile Justice Commission website</p> <p data-bbox="240 651 320 680">Posters</p> <p data-bbox="240 710 1497 969">NJJC Policy ED:01.02 PREA addresses third-party reporting and interviews revealed random staff members are aware third-party reporting of sexual abuse and sexual harassment can be done and stated they will be accepted and reported. Staff members also stated they are to immediately document all verbal reports received. The interviews revealed they may report allegations privately through the use of the abuse reporting hotline or a third-party reporting form. The auditor called the NJ Ombudsman and was provided a message to leave a message and he would return the call. The auditor called the NJJC public access to report PREA and spoke with a staff member at the agency headquarters. In discussion, she indicated she would provide the information to the PREA coordinator and to the Office of Investigations immediately upon receiving the calls from a third party or from a resident. The auditor received a call back from the PREA coordinator.</p> <p data-bbox="240 999 1490 1093">NJJC's website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Resident interviews revealed their awareness of reporting sexual abuse or sexual harassment to others outside of the facility including their parents/legal guardians.</p> <p data-bbox="240 1122 1485 1182">All residents interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them.</p> <p data-bbox="240 1211 1490 1442">The interviews with the residents revealed their knowledge of third-party reporting. The residents identified the methods within the facility in which they may make third party reports such as file a Request and Remedy, report to staff or a family member, or utilize the abuse Information regarding reporting is provided through observed postings located in various areas of the facility accessible to visitors, residents, staff, contractors and volunteers. The facility's website contains information regarding third-party reporting of allegations of sexual abuse. The Third-Party Reporting Form is observed to be located on the website. Copies of the Third-Party Reporting form are maintained in the lobby and the reporting information is provided to parents/guardians. There were no third- party reports received during this audit period</p> <p data-bbox="240 1471 1481 1568">Compliance was determined by Posters located in strategic areas of the facility, calling the various reporting lines, reviewing website and interview facility administrator, PREA coordinator and PREA compliance Manager. There have been no third party reports during the audit cycle.</p>

115.361	Staff and agency reporting duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 485 389">Pre-Audit Questionnaire</p> <p data-bbox="242 418 544 448">NJJC Policy ED:01.02 PREA</p> <p data-bbox="242 477 900 506">New Jersey Law 9:6-1 Abuse, Abandonment, Cruelty and Neglect</p> <p data-bbox="242 535 676 564">Facility Operating Procedures (FOP) PREA</p> <p data-bbox="242 593 320 622">Posters</p> <p data-bbox="242 651 397 680">Staff Interviews</p> <p data-bbox="242 710 1485 869">115.361 (a) (b): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p data-bbox="242 898 1490 1160">According to the Agency Policy (NJJC ED:01.02), all staff members are required to report any allegation of sexual misconduct or youth-on-youth sexual activity to the agency OOI and the Division of Child Protection and Permanency (DCPP). The Policy further states that staff is prohibited from revealing any related information to anyone other than those persons making treatment, investigation, security, or management decisions. The Policy also states that staff members are to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and sexual harassment; retaliation against residents or staff who report any incidents; or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This information should be reported to the OOI, and DCPP. Staff interviews support the standard requirement.</p> <p data-bbox="242 1189 1461 1285">115.361 (c): NJJC Policy ED:01.02 and interviews with random staff confirmed that persons making the reports of any incidents that would occur in the facility and they are prohibited from sharing information with anyone who is not part of the investigation or reporting process.</p> <p data-bbox="242 1314 1493 1442">115.361 (d): All medical and mental health practitioners interviewed confirmed an agency requirement to report sexual abuse to a designated supervisor and if applicable to a designated State or local service agency if required by mandatory reporting laws. Likewise, the same medical and mental health practitioners confirmed that they have a responsibility to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p data-bbox="242 1471 1485 1767">115.361 (e): The facility superintendent indicated that he has a responsibility to promptly report any allegation of sexual abuse or sexual harassment to her direct supervisor, the office of investigations and to the PREA coordinator. The superintendent indicted along with the above she would report incident to the DCPP if the residents was under the age of 18. The superintendent indicated she would report information to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified. More, if the alleged victim is under the guardianship of the child welfare system, the facility superintendent confirmed that they would promptly report the allegation to the alleged victim’s caseworker, instead of the parents or legal guardians. victim’s parents or legal guardians. If the resident is under the Department of Children and Families (DCF) custody, the DCF Case Worker will be notified and if applicable, the attorney of record will be notified of the allegation within 14 days of receipt of the allegation.</p> <p data-bbox="242 1796 1493 1993">115.361 (f): Staff training mandates that all employees, volunteers, interns, and contractors shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy and training also require reporting any third-party reports of sexual abuse, sexual harassment, staff neglect and retaliation. Upon receiving any allegation of sexual abuse, the facility promptly reports allegations to the Agency’s office of investigation.</p> <p data-bbox="242 2022 1485 2119">Compliance was determined by review of policies, training module, New Jersey Law and interviews with direct care staff and first responders that are not direct care staff, the facility superintendence, medical staff, mental health staff and the agency head designee and the PREA coordinator.</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 485 389">Pre-Audit Questionnaire</p> <p data-bbox="240 418 478 448">NJJC Policy ED:01.02</p> <p data-bbox="240 477 676 506">Facility Operating Procedures (FOP) PREA</p> <p data-bbox="240 535 1497 862">115.362 (a): Facility Operating Procedures (FOP) PREA and staff training require staff to protect the residents through immediately implementing protective measures. Interviews with the residents revealed their concerns about their own safety are discussed during the intake process and during the administration of Screening assessments. Policies requires that if the resident alleges, they are at substantial risk of imminent sexual abuse, staff will take immediate steps to ensure the safety of the resident. The direct care staff will take steps to separate the alleged victim from the alleged perpetrator and notify the staff with highest authority at the facility and the assistant facility administrator, or facility director. These staff will then determine the best options to protect the victim. The staff will then follow the mandatory reporting steps. All staff interviewed indicated their primary duty was to protect the residents housed at the facility and would take immediate action to protect a resident that make and allegation of imminent danger regardless of the whether it was sexual abuse, gang related, or resident own actions. There were no instances where residents were at imminent danger of sexual abuse.</p> <p data-bbox="240 891 1473 952">Compliance was determined by review of policies, training module, and interviews with direct care staff and first responders that are not direct care staff, the facility superintendent, agency head designee and the PREA coordinator.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="244 360 485 387">Pre-Audit Questionnaire</p> <p data-bbox="244 416 544 443">NJJC Policy ED:01.02 PREA</p> <p data-bbox="244 472 1474 636">115.363 (a-c): NJJC Policy ED:01.02 and intake staff training require that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the SRCH notifies the head of the facility or appropriate office where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented. During the past 12 months, there were no allegations received a resident was abused while confined to another facility nor were there allegations of sexual abuse received by SRCH.</p> <p data-bbox="244 665 1474 761">115.363 (d): NJJC Policy ED:01.02 and intake staff training require that upon receiving an allegation that a resident was sexually abused while confined at another facility, the facility will also notify DCP, OOI, and PREA coordinator. The facility investigator will begin a preliminary investigation as required based on the center's coordinated response plan.</p> <p data-bbox="244 790 1461 851">Compliance was determined by review of policies, and interviews with the facility superintendent, the agency head and the Agency PREA coordinator.</p>

115.364	<p>Staff first responder duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>NJJJC Policy ED:01.02</p> <p>Sothern Residential Reference Guide</p> <p>Pre-Audit Questionnaire</p> <p>PREA Checklist</p> <p>Sexual Abuse Checklist</p> <p>Staff Training</p> <p>115.364 (a): NJJJC Policy ED:01.02 addresses the requirement of Standard 115.364. Policy mandates that staff should, upon learning of an allegation that a resident was sexually abused, as the first responder to safeguard the victim and at the same time separate the victim from the abuser, secure the crime scene, and collect physical evidence if the abuse occurred within a time period that would permit the recovery of usable physical evidence. The agency has more detailed expectation of staff if a resident is 1). Suspected or alleged Resident-on-Resident rape, sexual assault, or forced sexual activity with or without sexual penetration, 2. Suspected or alleged Staff-on-Resident sexual activity of any type or 3). Any other intentional resident-on-resident sexual touching (nonpenetrative) touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by a Resident of another resident, with or without the latter's consent and/or alleged or suspected resident-on-resident sexually abusive contact. There were no allegations that were criminal in nature, requiring a SANE evaluation or collection of DNA evidence.</p> <p>115.364 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Random staff interviews revealed considerable knowledge of actions to be taken upon learning a resident alleges being sexually abused. Staff interviewed confirmed they knew their obligations when a resident makes an allegation, or they suspect an incident of sexual abuse has occurred. Random staff included monitors and programming staff. Programming staff have the same training as monitors and knew the expectations required for this standard. According to the PAQ there were no allegations of sexual abuse during the last year that were made to a non-monitor (correctional Staff).</p> <p>Based on the OOI assessment the allegation made by the residents in the last 12 months there were no allegations of sexual abuse that were considered a PREA violation.</p> <p>Compliance was determined by a review of center training plan, first responder flow chart and interviews with all staff reporting for duty during the on-site audit.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1461 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 485 387">Pre-Audit Questionnaire</p> <p data-bbox="240 418 544 445">NJJC Policy ED:01.02 PREA</p> <p data-bbox="240 477 751 504">Southern Residential PREA Staff Reference Guide</p> <p data-bbox="240 535 483 562">Sexual Abuse Checklist</p> <p data-bbox="240 593 405 620">PREA Checklist</p> <p data-bbox="240 651 711 678">Sexual Abuse/Assault Response Plan Protocol</p> <p data-bbox="240 710 528 736">Coordinated Response Plan</p> <p data-bbox="240 768 459 795">Investigative Protocol</p> <p data-bbox="240 826 1485 916">115.365 (a): NJJC Policy ED:01.02 PREA require the development of a written plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, and facility leadership. The facility's coordinated staff response plan was reviewed and found in compliance with the standard.</p> <p data-bbox="240 947 1473 1240">The Coordinated Response guides the procedures that should occur in the event an abuse or assault occurs. When activating the Coordinated Response, the policy identifies who is responsible for overseeing the implementation of the coordinating actions; the first responder's responsibilities; Administration/supervisor's duties; medical and mental health practitioner's duties, investigator' duties, victim advocate's duties, Atlantic Regional Hospital Sane duties and the facility director or designee's duties. The center has a flow chart with telephone numbers and a check list to ensure all areas of the coordinated plan are managed by the appropriate discipline. All staff were aware of their responsibilities to carry out the coordinated response plan. The staff indicated that this training is conducted on a regular basis during shift briefing and during monthly staff meeting. The facility superintendent indicated that the staff training for coordinated response plans includes all staff at the facility.</p> <p data-bbox="240 1272 1477 1330">Compliance was determined by review of the coordinated response plan, OOI checklist and interviews with staff responsible for carrying out the response plan.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	<p data-bbox="240 143 740 172">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 453 237">Auditor Discussion</p> <p data-bbox="240 271 1461 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 485 389">Pre-Audit Questionnaire</p> <p data-bbox="240 418 948 448">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="240 477 1441 506">Local Union 30 – International Brotherhood of Electrical Workers (IBEW), AFL-CIO State Government Manager’s Union;</p> <p data-bbox="240 535 1485 593">Council No. 1 and its Affiliated Locals and Councils, American Federation of State, County, and Municipal Employees, AFT – CIO, Health, Care and Rehabilitation Services Unit.</p> <p data-bbox="240 622 1461 680">Communication Workers of America (CWA), AFL-CIO, Administrative/Clerical Unit, Professional Unit, Primary Supervisory Unit, Higher Level Supervisory Unit.</p> <p data-bbox="240 710 1406 768">Local No. 195, International Federation of Professional and Technical Engineers, AFLCIO, Representing Operations, Maintenance, and Services and Craft Units; Local No.</p> <p data-bbox="240 797 1458 898">518, New Jersey State Motor Vehicle Employees Union, SEIU-AFL-CIO, Representing Inspection and Security Unit; New Jersey Investigators Association affiliated with the New Jersey State Fraternal Order of Policy, Lodge 174, Special Investigations Division.</p> <p data-bbox="240 927 895 956">New Jersey Law Enforcement Commanding Officers Association.</p> <p data-bbox="240 985 798 1014">New Jersey Law Enforcement Supervisors Association.</p> <p data-bbox="240 1043 1436 1102">New Jersey Superior Officers Law Enforcement Association, Inc. Affiliated with the New Jersey State Fraternal Order of Police as New Jersey Superior Officers Lodge 183 – Superior Officers Law Enforcement Unit.</p> <p data-bbox="240 1131 1171 1160">New Jersey State Police Benevolent Association Local No. 105 – Law Enforcement Unit; and</p> <p data-bbox="240 1189 1382 1218">New Jersey State Policemen’s Benevolent Association State Law Enforcement Unit – State Law Enforcement Unit</p> <p data-bbox="240 1247 1485 1411">115.366 (a): Pursuant to 28 C.F.R. of the Federal Prison Rape Elimination Standard (PREA), NJJC does not engage in the collective bargaining process regarding any violation of departmental policy regarding PREA. NJJC does not allow an entity to restrict the department’s ability to terminate an employee or remove a staff who allegedly abuses or harasses youth from having contact with residents pending the outcome of an investigation or a determination of whether and to what extent to discipline is warranted.</p> <p data-bbox="240 1440 1433 1469">Interviews with the agency head, and PREA coordinator determined the facility meets the requirements of the standard.</p>

115.367	Agency protection against retaliation
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 432 300">Auditor Discussion</p> <p data-bbox="242 304 1461 365">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 394 485 423">Pre-Audit Questionnaire</p> <p data-bbox="242 452 948 481">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 510 639 539">Investigative Protocol Monitor Checklist</p> <p data-bbox="242 568 432 598">Retaliation Monitor</p> <p data-bbox="242 627 1485 954">115.367 (a) NJJC Policy ED:01.02 PREA establishes for protection or resident against retaliation and staff for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the facility superintendent shall monitor the conduct or treatment of any individual, youth, or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. Monitoring steps include reviewing group, or facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation. According to the retaliation monitoring, the periodic checks and monthly monitoring is documented in the resident's file.</p> <p data-bbox="242 983 1485 1279">115.367 (b): The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Policy identifies measures to protect staff and residents including the following: a. Initiating housing changes or transfers for resident victims or abusers; b. Removing alleged staff or resident abusers from contact with victims; and c. Providing emotional support services. The interview confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, transfers, removing alleged abusers, and emotional support services. The PREA retaliation monitor identified protective measures that are aligned with the standard, including separating the alleged abuser from the alleged victim.</p> <p data-bbox="242 1308 1485 1704">115.367 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. PREA policy requires the monitoring of items identified in this provision of the standard. The retaliation monitored explained during the interview how she would discharge those duties, including monitoring the items identified in the standard and whether a resident filed a grievance alleging sexual abuse or sexual harassment. Retaliation monitoring would occur for 90 days to see if there are any changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation, according to Policy. The monitoring will continue beyond ninety (90) days if the initial monitoring indicates a continuing need. There have been no incidents of retaliation during the 12 months preceding the audit.</p> <p data-bbox="242 1733 1469 1861">115.367 (d-f): In the case of residents, such monitoring shall also include periodic status checks. The PREA Retaliation monitor indicated status checks would be initiated with staff and residents. The policy states periodic status will occur. The Retaliation Status Checklist would be used to document the status checks as well as the Retaliation Monitoring Checklist to document the ongoing motoring and use of the Retaliation Status Checklist.</p> <p data-bbox="242 1890 1390 1951">Compliance was determined by review of the monitoring checklist, interviews with the retaliation monitor and PREA coordinator.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1461 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 485 387">Pre-Audit Questionnaire</p> <p data-bbox="242 418 948 448">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 477 624 506">NJJC CP:09.01 Juvenile Supervision</p> <p data-bbox="242 535 424 562">Statement of Fact</p> <p data-bbox="242 593 1485 884">15.368 (a): NJJC CP:09.01 Juvenile Supervision establishes a resident may be isolated from other residents as a preventive and protective measure, but only as a last resort when other less restrictive measures are inadequate to keep the resident safe from other residents, and then only until an alternate means of keeping all residents safe can be arranged. During any periods of isolation from other resident, facility staff may not deny a resident otherwise under control, access to daily large-muscle exercise and legally required educational programming or special education services. Resident must receive daily visits from a medical or mental health care clinician and would be afforded all the protection enumerated in PREA standard 115: 342. The facility does not use isolation. Instead, the facility has a three-tier supervision level. Resident at risk of imminent danger of sexual abuse could be placed on tier Level 3 which requires direct one on one supervision, until other measures could be implemented by the administrative team.</p> <p data-bbox="242 916 1485 1010">Based on the PAQ and statement of fact no resident has been isolated from other residents for an allegation of sexual abuse or sexual harassment. Compliance was determined by interview with the facility superintendent and the PREA compliance manager.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1461 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 948 387">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 418 553 445">Notification to Resident (Blank)</p> <p data-bbox="242 477 1493 804">115.371 (a): NJJC Policy ED:01.02 PREA policy establishes the agency policy that all allegations of sexual abuse or sexual harassment will be investigated. In an interview with the agency PREA coordinator, he reports that the Office of Investigations (OOI) is a sworn law-enforcement department who conducts PREA investigations. OOI staff consult with the local county prosecutors periodically and when criminal behavior is identified. Local county prosecutors would either take the lead on the investigation or continue to work closely with the OOI. The OOI has a strong working relationship with local county prosecutors and the Attorney General. Upon me informed of a PREA allegation, the superintendent will forward the incident report, including notification report from third party or hotline reports to the Chief of Investigations. The Chief of investigation will determine if the allegation or information is a PREA report, if it is criminal in nature, or rises to the level that it needs to be investigated by the OOI office. The Chief will forward to one of the OOI investigators or return to the center for investigation of sexual harassment to a Lieutenant or higher staff member.</p> <p data-bbox="242 835 1485 994">115.371 (b): All investigators at the agency level are sworn law enforcement and have received appropriate training as indicated by standard 115.334. Investigators conduct all aspects of the investigation including evidence collection, interviews and review for prior complaints. They are in contact with prosecutors on a regular basis during an investigation. The policy prohibits the use of polygraph examinations as a condition for proceeding with an investigation. Policy and state law require all evidence to be maintained, including any handwritten notes, video, audio, etc.</p> <p data-bbox="242 1025 1477 1218">115.371 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Policy and state law require all evidence to be maintained, including any handwritten notes, video, audio, etc. Evidence collected includes statements from witnesses, victim, and alleged suspect, video, DNA, photographs, and prior allegations or prior complaints.</p> <p data-bbox="242 1249 1393 1308">115.371 (d): The agency shall not terminate an investigation solely because the source of the allegation recants the allegations.</p> <p data-bbox="242 1339 1437 1433">115.371 (e): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</p> <p data-bbox="242 1464 1485 1592">115.371 (f): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the persons status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.</p> <p data-bbox="242 1624 1489 1718">115.371 (g): Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.</p> <p data-bbox="242 1749 1474 1807">115.371 (h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.</p> <p data-bbox="242 1839 1315 1865">15.371 (i): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.</p> <p data-bbox="242 1897 1469 1991">115.371 (j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.</p> <p data-bbox="242 2022 1453 2080">15.371 (k): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.</p> <p data-bbox="242 2112 1489 2139">15.371 (l): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the</p>

above requirements.

115.371 (m): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The agency retains all written reports of investigations pertaining to administrative and criminal investigations. The interviews with center investigator confirmed the practice will be in accordance with the policy, and standard.

Compliance was determined by review of policies, interviews with the OOI investigator, PREA coordinator and facility superintendent.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 347">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="231 347 1508 414">Pre-Audit Questionnaire</p> <p data-bbox="231 414 1508 481">NJJC ED:01.02, Prison Rape Elimination Act (PREA)</p> <p data-bbox="231 481 1508 660">NJJC ED:01.02 policy addresses the requirements of Standard 115.372. The policy states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in administrative investigations. The Auditor interviewed an investigator, the PREA Coordinator and the PREA Compliance Manager who all confirmed that the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations are substantiated in administrative Investigations.</p> <p data-bbox="231 660 1508 743">Compliance was determined by review of policy, interviews with the OOI investigator, PREA coordinator and facility superintendent</p>

115.373	<p>Reporting to residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Pre-Audit Questionnaire</p> <p>NJJJC ED:01.02 Policy (PREA)</p> <p>15.373 (a): NJJC ED:01.02 policy mandate at the conclusion of any investigation into sexual abuse, the victim or the victim's parent(s) or legal guardian(s) shall be notified the investigation has concluded. The facility director will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>115.373 (b): Policy mandates that if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.</p> <p>115.373 (c): Policy requires following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.373 (d): Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.373 (e): Policy requires all such notifications or attempted notifications shall be documented. Center will send a letter notifying residents/parents /legal guardian of charges and of the outcome of the investigation including the identification of the investigative entity and state the findings.</p> <p>There have been no PREA allegations in this review cycle.</p> <p>Compliance was determined for review of the corrective action plan, policy, interviews with PREA compliance manager and facility superintendent.</p>
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115.376	<p>Disciplinary sanctions for staff</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Pre-Audit Questionnaire</p> <p>Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p>Employee Handbook</p> <p>115.376 (a): NJJC Policy ED:01.02 establishes the policy for Staff Discipline. SRCH employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. The PREA Compliance Manager indicated that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In the past 12 months zero employees were terminated as a sanction of a PREA incident. The PREA compliance manager also indicated during interview that staff disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) would be proportionate to the nature, scope and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>115.376 (b): According to agency policy and procedures and interview with facility superintendent all allegations of sexual abuse shall be immediately investigated. Upon the conclusion of the investigation, if staff is determined that they were involved in sexual abuse of a resident, that staff will be terminated immediately, and the investigation will be forwarded to prosecutors for further review and charges.</p> <p>115.376 (c): Disciplinary sanctions for violations of agency policies relating to sexual abuse and harassment other than engaging in sexual abuse will be commensurate with the nature and circumstances of the acts committed. However, most likely any degree of sexual abuse and harassment will be met with termination of the staff member.</p> <p>15.376 (d): All staff members who are terminated and or resign in lieu of termination due to violations of the sexual abuse and sexual harassment Policy shall be reported to law enforcement. Staff who resign because they would have been terminated, are reported to the local law enforcement unless the activities were not clearly criminal. There has been no adverse action taken against staff for violation of sexual abuse, sexual harassment, child neglect or violation of PREA standards during the last 12 months.</p> <p>Compliance was determined by review of the agency policy, interview with PREA coordinator, PREA compliance manager and facility superintendent.</p>
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115.377	<p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Pre-Audit Questionnaire</p> <p>Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Employee Handbook</p> <p>Contractor training</p> <p>Volunteer acknowledgement</p> <p>15.377 (a) NJJC Policy ED:01.02 PREA require any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. Policies also require contractors and volunteers who engage in sexual abuse be reported to law enforcement and to relevant licensing bodies. During the past 12 months, there were no allegations of sexual abuse or sexual harassment regarding contractors or volunteers.</p> <p>A review of training acknowledgement statements and training materials revealed the facility takes measures to provide volunteers and contractors a clear understanding that sexual misconduct with a resident is strictly prohibited and is a serious breach of conduct. The review of materials confirmed participation in PREA training and awareness of the zero-tolerance policy and how to report allegations of sexual abuse or sexual harassment of residents.</p> <p>115.377 (b) The documentation and interviews with the Center PREA compliance manager and a contractor revealed the provision of information to volunteers and contractors that sexual misconduct with a resident is strictly prohibited. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the center will take appropriate remedial measures and consider whether to prohibit further contact with residents.</p> <p>Compliance was determined by training curriculum, contractor and volunteer applications and interviews with the PREA compliance manager and facility superintendent.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1461 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 948 387">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 418 676 445">Facility Operating Procedures (FOP) PREA</p> <p data-bbox="242 477 643 504">New Jersey Administrative Code 13:101</p> <p data-bbox="242 535 505 562">Multilingual PREA posters</p> <p data-bbox="242 593 443 620">Resident Handbook</p> <p data-bbox="242 651 293 678">PAQ</p> <p data-bbox="242 710 1485 1301">115.378 (a): A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Intervention and disciplinary sanction for residents related to sexual harassment, sexual assault and/or sexual abuse or resident require an administrative process for dealing with violations of resident-on-resident sexual abuse. The facility superintendent interview confirmed that disciplinary sanction for residents related to sexual harassment, sexual assault and/or sexual abuse by resident require an administrative process for dealing with violations of resident-on-resident sexual abuse. The center's superintendent's interview confirms the formal disciplinary process however residents may also be referred to law enforcement for charges regarding resident-on-resident sexual abuse. Sexual activity between residents is prohibited and court or administrative processes and sanctions occur after a determination the sexual activity was coerced. Residents will be disciplined for sexual contact with staff only when it has been determined the staff member did not consent to the sexual contact. Policy provides anyone reporting in good faith will not receive any repercussions. The policies and interview with the mental health staff confirms counseling or other interventions will be offered to address and correct the underlying reasons or motivations for abuse when the resident remains in or returns to the facility after a sexual abuse incident. The interview also revealed any type interventions or treatment services provided may be a condition for the resident to access participation in the behavior management system, education services, or other programs. The interview with the mental health staff and facility superintendent revealed the process regarding allegations of resident-on-resident abuse which can include the resident being removed from the facility and placed in another center during the investigation by law enforcement.</p> <p data-bbox="242 1332 1485 1426">At SRCH residents who violates PREA standards which are not criminal in nature is not tolerated and there are consequences to their action. However, the consequences are not to punish the behavior but to change the behavior through appropriate consequences including teaching boundaries, redirecting behavior, and determining motives for the behavior.</p> <p data-bbox="242 1458 1481 1686">115.378 (b): Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. While extremely unlikely, in the event a disciplinary sanction results in the isolation of a resident, the resident would be housed in another facility with this capability. The agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. Policy further provides for daily visits by mental health and medical personnel.</p> <p data-bbox="242 1718 1461 1874">115.378 (c): The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The center policy provides that the disciplinary process considers whether a resident's mental disabilities or mental illness, maturity, contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was confirmed by the interview with the Mental Health Staff.</p> <p data-bbox="242 1906 1457 2063">115.378 (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, as a condition to access to general programming or education.</p> <p data-bbox="242 2094 1469 2152">115.378 (e): The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p>

115.378 (f): For disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The center policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g): The center prohibits all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. All such conduct is subject to disciplinary action. Investigations and prosecution would be pursued after determination the sexual activity was coerced.

Based on the review of the agency policy and procedures, and information obtained through the staff interview and review it was determined that the center is in compliance with this standard.

115.381	<p>Medical and mental health screenings; history of sexual abuse</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p>New Jersey Administrative Code</p> <p>Agency Head Directive</p> <p>Informed Consent Form</p> <p>4-Hour PREA Screening Form</p> <p>Screening Instrument and referrals</p> <p>NJJJC – Columbia Suicide Severity Rating Scale</p> <p>115.381 (a) Pursuant to PREA standard 115.341 intake screening forms indicates a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the intake officer shall document the information on the Follow up Notification Form. The screening staff document and forward a follow up notification form to the Mental Health Staff. The mental health staff acknowledged that she would see the resident as required by standard. However, she indicated that she would have seen the resident at the at the time of his arrival to complete an intake assessment which includes victimization, sexual orientation and exploitation.</p> <p>115.381 (b) If any of the intake screening forms indicates a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. This same information is discussed with the mental health staff, and she acknowledge that she would see the resident within 72 hours of intake.</p> <p>115.381 (c): Policy supports that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The Auditor observed the resident files maintained in a secure manner. The files are secured in a locked cabinet behind a locked door, when the office is unoccupied.</p> <p>115.381 (d): Policy provides that medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. The facility has created the Informed Consent form to document this type of situation.</p> <p>Compliance was determined by review of the agency Policy, review of the referral forms from 2021-2022 and interviews with mental health staff.</p>
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115.382	Access to emergency medical and mental health services
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1461 353">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this Agency Policy (NJJC 13HS:01.01), Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 383 746 412">Samples of Acknowledgement of PREA Education</p> <p data-bbox="242 441 775 470">Sample Correspondence with The New Jersey CASA</p> <p data-bbox="242 499 600 528">Medical-Mental Health Provider List</p> <p data-bbox="242 557 293 586">PAQ</p> <p data-bbox="242 616 1474 741">115.382 (a): NJJC Policy 13HS:01.01 PREA mandate youth victims of sexual abuse receive timely and unimpeded access to onsite and offsite emergency medical treatment and crisis intervention services, the nature and scope as determined by the judgement of medical and mental health professionals. Medical and mental health staff interviews confirmed emergency medical care and crisis intervention services will be provided by medical and mental health staff as required.</p> <p data-bbox="242 770 1493 931">Processes and services are in place for a victim to receive timely access to sexually transmitted infections prophylaxis, where medically appropriate. Observations revealed medical and mental health staff members maintain secondary materials that document services to residents and these staff are knowledgeable of what must occur in an incident of sexual abuse. It is documented through policies and understood by the medical and mental health staff treatment services will be provided at no cost to the victim, whether or not the victim cooperates with the investigation.</p> <p data-bbox="242 960 1461 1122">Residents are provided access to an outside victim advocacy agency for services through the New Jersey CASA which includes but is not limited to emotional support and accompaniment through the forensic examination and investigative interviews. The advocate will go to the facility or the hospital to provide services. The center utilizes Atlantic Care Regional Hospital for emergency services and SANE. Review of medical files shows that medical and mental health staff members maintain secondary materials and documentation of resident encounters.</p> <p data-bbox="242 1151 1493 1447">115.382 (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners. The interviews with clinical staff revealed residents have unimpeded access to emergency services. The coordinated response plan flow chart provides guidance to staff in protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. The on-call medical list has the names of medical staff and their emergency contact number. The full-time Nurse is generally on-call 24/7 as determined by the interview. Interviews with staff from Atlantic Care Regional Hospital stated they have an on-call schedule for SANE staff available 24/7 for forensic examinations. There is also a Victim Advocate on call 24/7 to support a resident that has been sexually assaulted.</p> <p data-bbox="242 1476 1477 1673">115.382 (c): Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The policy and supportive documents and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services as needed will be provided by the facility's medical and mental health staff, according to the interviews with clinical staff. The facility houses male residents.</p> <p data-bbox="242 1702 1485 1827">Atlantic Care Regional Hospital and medical and mental health staff interviewed indicated that part of the services provided to victims of sexual abuse includes sexual transmitted infection prophylaxis. The regional medical staff indicated that the facility provides ongoing education about transmitted infections and had a display of pamphlets for resident to take regarding an array of medical topics.</p> <p data-bbox="242 1856 1445 1919">Based upon the review of policies, interview with the medical, mental health staff and interviews with staff the facility is in compliance with this standard.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 485 387">Pre-Audit Questionnaire</p> <p data-bbox="242 416 948 443">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 472 571 499">New Jersey Administrative Code</p> <p data-bbox="242 528 601 555">Medical-Mental Health Provider List</p> <p data-bbox="242 584 387 611">Consent Form</p> <p data-bbox="242 640 1422 763">115.38 (a): NJJC ED:01.02 policy requires that the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p data-bbox="242 792 1490 920">115.383 (b): Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. The policy states that follow-up services will be provided. The policy also includes the family in supporting the resident.</p> <p data-bbox="242 949 1465 1010">115.383 (c): Based on interviews with the medical and mental health staff the facility shall provide victims with medical and mental health services consistent with the community level of care.</p> <p data-bbox="242 1039 1493 1137">115.383 (d): Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The medical nurse indicated that victims would be offered these services while at the Atlantic Regional Hospital and follow up services when they return to the center.</p> <p data-bbox="242 1167 711 1193">115.383 (e) The center houses male residents.</p> <p data-bbox="242 1223 1430 1283">115.383 (f) The Policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate.</p> <p data-bbox="242 1312 1453 1339">115.383 (g) All treatment services will be provided at no cost to the victim, according to NJJC policy and staff interviews.</p> <p data-bbox="242 1368 1477 1467">115.383 (h) SRCH conducts a mental health evaluation of all known Resident -on- resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Additionally, an evaluation or reassessment will be administered utilizing the Vulnerability Assessment.</p> <p data-bbox="242 1496 1481 1556">Based on a review of the PREA policies, and interviews with the mental health staff, medical staff, PREA coordinator, facility superintendent.</p>

115.386	Sexual abuse incident reviews
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 485 389">Pre-Audit Questionnaire</p> <p data-bbox="242 418 948 448">Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p data-bbox="242 477 526 506">Incident Review Team Form</p> <p data-bbox="242 535 1485 862">115.386 (a): NJJC Policy ED:01.02 PREA require an incident review team meeting within 30 days of the conclusion of each investigation. The policy mandates review team is appointed by the agency head and is comprised of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The team shall prepare a report of its findings that shall include determination of the need for policy changes, group dynamics and physical barriers, staffing levels and whether the need for monitoring technology should be deployed or augmented to supplement staff. The report shall be submitted to the Superintendent and to the facilities PREA compliance manager for review and implementation of any determinations. The Agency Head or designee shall document the Commission's response to the report which shall include the extent to which and why the report's recommendations have or have not been implemented. The team would review any motivation for the incident, would examine the area where the incident occurred, assess staffing and supervision, and review the incident itself.</p> <p data-bbox="242 891 1458 952">115.386 (b): The Agency policy requires that the reviews occur within 30 days of the conclusion of the investigation. There has been no allegation of sexual abuse that required an incident review team report.</p> <p data-bbox="242 981 1422 1041">115.386 (c): Policy identifies the incident review team members as administrators with input from line supervisors, investigators, medical staff, and Counselors. The interview with the Superintendent confirmed the Policy requirements.</p> <p data-bbox="242 1070 730 1099">115.386 (d): The committee review the following:</p> <ol data-bbox="242 1128 1481 1682" style="list-style-type: none"> <li data-bbox="242 1128 1481 1189">1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; <li data-bbox="242 1218 1481 1323">(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; <li data-bbox="242 1352 1481 1413">(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; <li data-bbox="242 1442 1098 1471">(4) Assess the adequacy of staffing levels in that area during different shifts. <li data-bbox="242 1500 1465 1561">(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and <li data-bbox="242 1590 1453 1682">(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. <p data-bbox="242 1711 1490 1805">115.386 (e): The Policy outlines the requirements of the standard for the areas to be assessed by the incident review team. A corrective action plan is implemented in cases of finding by the incident review team. There has been no sexual abuse allegation in the last PREA cycle. The incident review team corrective action plan was completed and documented.</p> <p data-bbox="242 1834 1458 1895">Compliance was determined by review of the Incident Review Team memorandum, policy and interviews with the incident review team members, facility superintendent and PREA compliance manager.</p>

115.387	<p>Data collection</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>NJJJC Website AYFS 2021</p> <p>Annual PREA Report - Final</p> <p>115.387 (a): A review of reports confirm that NJJJC collects incident-based, uniform data regarding allegations of sexual abuse at facilities under its direct control, including contractors, using a standardized instrument and specific guidelines. The format used for NJJJC facilities capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ). NJJJC maintains and collects various types of identified data and related documents regarding sexual abuse incidents. The facility collects and maintains data in accordance with directives by NJJJC. NJJJC aggregates the sexual abuse data which culminates into an annual report. The agency provides DOJ with data as requested.</p> <p>115.387 (b): The facility collects and maintains data in accordance with directives by NJJJC. A standardized instrument and specific guidelines and definitions are used to assist in identifying the data.</p> <p>115.387 (c): The format used for NJJJC facilities capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ).</p> <p>115.387 (d): The facility maintains and collects various types of identified data and related documents regarding PREA. The facility collects and maintains data in accordance with Policy directives</p> <p>115.387 (e): SRCH does not contract with other facilities to house residents.</p> <p>115.387 (f):NJJJC policy mandates that upon request, NJJJC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. A request was not made for the previous calendar year.</p> <p>Compliance was determined by reviewing data collections for preceding two years, review of NJJJC Policies and interview with the PREA coordinator, facility administrator and NJJJC agency head.</p>
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115.388	<p>Data review for corrective action</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA) PREA</p> <p>Data (Annual Report) 2020 Pre-Audit Questionnaire</p> <p>Annual Reports 2016-2020</p> <p>115.388 (a): Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA) requires reports and annual PREA assessments are to review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by taking corrective action on an ongoing basis. Further to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. A review of the annual report for this audit cycle determined there were no allegations of sexual abuse or sexual harassment in this cycle.</p> <p>115.388 (b): A review of the annual reports for the last 3 years included a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse. SRCH report is approved by the agency head and made readily available to the public through its website.</p> <p>115.388 (c): The annual report is reviewed by PREA coordinator, his supervisor and agency administrative staff and signed by the Agency Head. Compliance was determined by the PREA policy and website review.</p> <p>115.388 (d): Policy indicates that all information that is placed on the website will not include personal identifies. The annual report has been reviewed and the report is accessible to the public through the facility's website. There are no personal identifiers on the annual report.</p> <p>Compliance was determined by reviewing data collections for preceding three years and review of NJJC website</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1461 329">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 485 387">Pre-Audit Questionnaire</p> <p data-bbox="242 418 764 445">NJJC Policy ED:01.02 Prison Rape Elimination Act</p> <p data-bbox="242 477 400 504">Annual Reports</p> <p data-bbox="242 535 1485 728">115.389 (a)(b)(c)(d): NJJC Policy ED:01.02 PREA requires the collection of data through the NJJC for every allegation of sexual misconduct which occurs in its state-operated residential facilities. All collected data is maintained for a ten-year period as required by the State of New Jersey's records and retention schedule. According to the Policy, the aggregated sexual abuse data will be readily available to the public through the agency's website; the practice is that the report is posted on the agency's website. A review of the annual report verified there are no personal identifiers, and it was observed posted on the website, as required. Related documentation in the facility was observed to be securely stored.</p> <p data-bbox="242 759 1378 786">Compliance was determined by reviewing data collections for preceding three years and review of NJJC website.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1461 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 485 387">Pre-Audit Questionnaire</p> <p data-bbox="242 418 1485 479">Since August 20, 2013, NJJJC has ensured one-third of all operated juvenile centers have been audited as evidenced by the Final Audit reports provided on the Agency’s website.</p> <p data-bbox="242 510 1469 703">The Auditor was provided complete access to the facility and observed all areas of the facility’s buildings and grounds. Additionally, all relevant documents were provided upon request. The facility made space available for private staff and resident interviews. Residents were provided information on the “Notice of the Auditor’s Onsite Visit” regarding how to send confidential information to the Auditor (none were received). The postings were visible throughout the tour. The facility provided me documentation of posting on June 19, 2022. The on-site audit was conducted on August 5, 2022. It had been previously planned and delayed due to Corona virus. The final report was published in the first year of this cycle.</p> <p data-bbox="242 734 1378 761">Compliance was determined by reviewing data collections for preceding three years and review of NJJJC website.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 1442 329">A review of the NJJJC's website revealed PREA Audit Reports dating back to 2014 through 2018 are posted and can be downloaded.</p> <p data-bbox="244 360 1485 488">This facility was previously audited April 2016, and May 2019. The Auditor confirmed the audit report was posted on the agency's website as is the practice with the facility. This audit onsite audit was conducted on August 5, 2022. The final report was sent to the PREA coordinator on September 15, 2022. The facility and agency have had to delay the on-site audit due to the covid virus on several occasions.</p> <p data-bbox="244 519 1442 577">A review of the NJJJC's website revealed PREA Audit Reports dating back to 2014 through 2021 are posted and can be downloaded or reviewed on NJJJC website.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na

115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes