

# PREA Facility Audit Report: Final

**Name of Facility:** Pinelands Residential Community Home

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/29/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Shirley Turner	<b>Date of Signature:</b> 07/29/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Turner, Shirley
<b>Email:</b>	shirleyturner3199@comcast.net
<b>Start Date of On-Site Audit:</b>	06/14/2023
<b>End Date of On-Site Audit:</b>	06/14/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Pinelands Residential Community Home
<b>Facility physical address:</b>	3016 County Road 563, Chatsworth , New Jersey - 08019
<b>Facility mailing address:</b>	

**Primary Contact**

<b>Name:</b>	Christopher DiDato
<b>Email Address:</b>	chris.didato@jjc.nj.gov
<b>Telephone Number:</b>	(609)389-5633

**Superintendent/Director/Administrator**

<b>Name:</b>	Christopher DiDato
<b>Email Address:</b>	chris.didato@jjc.nj.gov
<b>Telephone Number:</b>	(609)389-5633

**Facility PREA Compliance Manager**

<b>Name:</b>	Michael McMahon
<b>Email Address:</b>	mike.mcmahon@jjc.nj.gov
<b>Telephone Number:</b>	O: 609-283-9070
<b>Name:</b>	Ashley Tartaglia
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<b>Telephone Number:</b>	O: 609-283-9072
<b>Name:</b>	Chris Didato
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<b>Telephone Number:</b>	O: 609-518-3080

**Facility Health Service Administrator On-Site**

<b>Name:</b>	Preisig, Mike
<b>Email Address:</b>	mike.preisig@njoag.gov
<b>Telephone Number:</b>	(609)633-7330

Facility Characteristics	
<b>Designed facility capacity:</b>	18
<b>Current population of facility:</b>	7
<b>Average daily population for the past 12 months:</b>	7
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	14 - 19
<b>Facility security levels/resident custody levels:</b>	1
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	24
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	9
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	2

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

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

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Jeff Jenei	<b>Email Address:</b>	Jeffrey.Jenei@jjc.nj.gov

Facility AUDIT FINDINGS	
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>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
43	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-14
2. End date of the onsite portion of the audit:	2023-06-14

#### 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:	The Court Appointed Special Advocate of New Jersey Program (CASA/NJ) - Telephone Operator Contact of Burlington County - Sexual Violence Program Manager

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	18
15. Average daily population for the past 12 months:	7
16. Number of inmate/resident/detainee housing units:	1
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**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	5
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0

<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	5
<b>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:</b>	0
<b>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):</b>	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>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:</b>	24
<b>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:</b>	2

<b>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:</b>	9
<b>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:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	5
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<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 type="checkbox"/> Other <input checked="" type="checkbox"/> None
<b>If "None," explain:</b>	Interviewed all residents.
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	Interviewed all residents.



<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input type="radio"/> Yes  <input checked="" type="radio"/> No
<b>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</b>	There were only five residents in the facility and all were interviewed.
<b>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):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	5
<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>	
<b>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:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Observed population and conferred with staff.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Observed population and conferred with staff.</p>

<b>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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>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).</b>	Observed population and conferred with staff.
<b>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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>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).</b>	Observed population and conferred with staff.

<b>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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>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).</b>	Observed population and conferred with staff.
<b>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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>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).</b>	Conferred with staff.

<b>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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>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).</b>	Conferred with staff.
<b>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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>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).</b>	Conferred with staff; reviewed data.

<b>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:</b>	5
<b>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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>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).</b>	The facility does not use isolation and does not have segregated housing.
<b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	No text provided.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>71. Enter the total number of RANDOM STAFF who were interviewed:</b>	12

<b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>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):</b>	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	6
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <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)



**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- ☐ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☒ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☐ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	2
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## 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.

**84. Did you have access to all areas of the facility?**

☒ Yes

☐ No

**Was the site review an active, inquiring process that included the following:**

**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)?**

☒ Yes

☐ No

**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)?**

☒ Yes

☐ No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

☒ Yes

☐ No

**88. Informal conversations with staff during the site review (encouraged, not required)?**

☒ Yes

☐ No

<b>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).</b>	No text provided.
<b>Documentation Sampling</b>	
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.	
<b>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?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>	No text provided.
<b>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</b>	
<b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b>	
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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	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:**

There were no allegations of sexual abuse during this audit period.

<b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<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)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<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)
<b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<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)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<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)



<b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<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)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual harassment investigation files:</b>	There were no allegations of sexual harassment.
<b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<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)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<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)

<b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<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)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<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)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<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)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	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

**a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:**

1

## 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 Communications Group, LLC

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>
Auditor Discussion Instructions
<p>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.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p>Organizational Charts</p> <p>Memorandum</p> <p><b>Interviews:</b></p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Random Staff</p> <p>Residents</p>

	<p><b>Provision (a):</b></p> <p>An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p>Policy and procedures mandate zero-tolerance of sexual abuse and sexual harassment and outlines how the facility carries out its approach to preventing, detecting and responding to sexual abuse and sexual harassment. Additionally, the policy includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors and strategies and responses for reducing and preventing sexual abuse and harassment.</p> <p><b>Provision (b):</b></p> <p>An agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.</p> <p>Pinelands Residential Community Home is a juvenile residential facility governed and operated by the New Jersey Juvenile Justice Commission which employs an agency-wide PREA Coordinator who is in an upper-level management position within the agency. An interview with the PREA Coordinator revealed he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of the agency's facilities.</p> <p><b>Provision (c):</b></p> <p>Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p>A memorandum from the facility Superintendent designates a Supervisor as the PREA Compliance Manager due to the vacancy of the position of Assistant Superintendent. An interview with the PREA Compliance Manager revealed he has sufficient time to oversee the facility's PREA compliance efforts and to perform his other duties. The interview revealed his familiarity with the standards and the implementation of the standards.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p><b>Interview:</b></p> <p>Superintendent</p> <p><b>Provision (a) and (b):</b></p> <p>A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. <b>Provision (b):</b> Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>The agency does not contract for the confinement of its residents.</p>
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115.313	Supervision and monitoring
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p>Juvenile Supervision</p> <p>Staffing Plan</p> <p>Staffing Plan Assessment</p> <p>PREA Ratios Compliance Monthly Report</p> <p>PREA Management Rounds</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>PREA Compliance Manager</p> <p>PREA Coordinator</p> <p><b>Provision (a):</b></p> <p>The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where</p>

applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted juvenile 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.

Policy and procedures incorporate maintenance of the staffing ratios and the staffing plan demonstrates the staffing requirements. The facility's staffing pattern, internal controls and management ensure the PREA staffing ratios are maintained during the waking hours and during the sleeping hours. Supervision of residents is provided during the daily activities and program services by direct care staff and supported by interactions by other program staff. The number of staff may be adjusted as needed due to program activities, dynamics of population or other relevant factors. Observations during the site review and interviews support that the PREA staffing ratios are maintained. The form, PREA Ratio Compliance Monthly Report, is used to document any deviation from the staffing plan or to show there were no deviations.

The residents were observed during activities inside buildings and on the outside grounds as a group moving from one building to another. The Superintendent reviews the work schedule and the administrators ensure the ratios are met. Provisions of the standard are taken into consideration regarding adequate staffing levels. The work schedules are based on the facility's staffing plan and levels of supervision required for special needs. Shift schedules are made regarding the considerations that ensure adequate shift coverage including standard security practices; inclement weather; emergencies; and behavior.

**Provision (b):**

The agency shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

The staffing plan is based upon the facility's capacity of 18 residents; the average daily population is seven. Policy requires the facility to document deviations from the staffing plan on the PREA Ratio Compliance Monthly Report. There were no deviations from the plan during this audit period.

**Provision (c):**

Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

The Superintendent's interview confirmed there is no law, regulation or judicial decree to maintain staffing ratios of 1:8 staff to resident ratio during waking hours or a 1:16 staff to resident ratio during sleeping hours; however, the facility's staffing plan does provide for the PREA ratios to be met. The internal ratios are 1:6 during the waking hours and 1:9 during the sleeping hours. Observation during the site review revealed the staff to residents' ratio requirements are met.

**Provision (d):**

Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

Documentation of the assessment of the staffing plan is dated March 30, 2023 through the meeting minutes of the community program staffing committee. The Superintendent and PREA Coordinator participate in the meeting. The Pinelands Residential Community Home utilizes direct care staff supervision to protect residents from sexual abuse and sexual harassment.

**Provision (e):**



	<p>Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit 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.</p> <p>The interview with the PREA Compliance Manager and a review of unannounced rounds documentation revealed unannounced rounds are conducted on all shifts in all areas of the facility. The dedicated form provides upper-level and intermediate-level staff to check for safety measures that include appropriate staff and resident interactions, and if program norms are being followed and implemented.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with this standard regarding supervision and monitoring.</p>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p>Training Curricula</p> <p>Posted Signs</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>Residents</p> <p><b>Provision (a):</b></p> <p>The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>Policy prohibits cross-gender strip searches, or pat down searches of residents, except in exigent circumstances and there have been no such searches conducted by direct care staff in the past 12 months as verified by random staff and random</p>

resident interviews. Staff related that exigent circumstances would be an extreme emergency and there were no males present.

**Provision (b):**

The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

Pinelands' Search Plan Policy states body cavity searches require the Superintendent's authorization and must be conducted by licensed medical personnel in a medical establishment. There were no body cavity searches of residents in the past 12 months.

**Provision (c):**

The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

Policy prohibits cross-gender strip searches and cross-gender visual body cavity searches. Cross-gender pat-down searches may be conducted only in exigent circumstances which random staff interviews summarized as an extreme emergency. Policy indicates that in the event a cross-gender search is warranted pursuant to an emergency circumstance; it must be approved by the Superintendent and the justification for the search documented. The evidence shows the facility is prepared to document and justify all cross-gender pat-down searches if the situation presents itself.

**Provision (d):**

The facility shall 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Policy, signage and practice require opposite sex staff, volunteers and contractors entering housing units to announce themselves. Resident interviews verified this is done on a consistent bases. The facility is configured to allow residents to shower, perform bodily functions and change clothing without staff of the opposite sex viewing their bodies, procedures also prevent opposite gender viewing as well. Staff and resident interviews confirm there is no cross-gender viewing. No residents interviewed reported ever having been naked in full view of male staff while showering, changing clothing, and performing bodily functions. Staff and resident interviews confirmed that residents are not directly viewed by staff when showering, using the toilet or changing clothes.

	<p><b>Provision (e):</b></p> <p>The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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.</p> <p>Policy prohibits the search of transgender or intersex residents solely for the purpose of determining the residents' genital status; staff interviews verified no such searches have occurred in the past 12 months. According to policy, if the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a medical practitioner. One hundred percent of direct care staff received the training on conducting cross-gender pat-down searches and searches of transgender and intersex residents. Staff interviews confirmed they are aware facility policy prohibits them from conducting a searches of transgender or intersex resident solely for the purpose of determining the resident's genital status. Based on the documentation reviewed and staff interviews, the facility meets this provision of the standard.</p> <p><b>Provision (f):</b></p> <p>The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.</p> <p>Policy states that staff shall be trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The training curriculum for staff provides information on conducting cross-gender pat-down searches and searches of transgender and intersex youth. The documentation and staff interviews confirm the training occurs.</p> <p><b>Conclusion:</b></p> <p>Based on the reviewed documentation and interviews, the facility is compliant with the standard.</p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**Documents Reviewed:**

Prison Rape Elimination Act (PREA) Policy and Procedures

NJ Division of the Deaf and Hard of Hearing's referral list

Memorandum, PREA Telephonic Interpreter System

Memorandum, Accessing a Voiance Interpreter

**Interviews:**

Superintendent

Residents

Random Staff

**Provision (a):**

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.

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. 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 education unit for supportive services to residents with disabilities or who may be limited English proficient. Additional arrangements have been made for interpreter services, including services for the deaf. The mental health unit is also available to assist residents in understanding PREA information.

	<p><b>Provision (b):</b></p> <p>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.</p> <p>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. 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.</p> <p>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. Prior arrangements are documented regarding the access to a telephonic interpreter system for residents.</p> <p><b>Provision (c):</b></p> <p>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.</p> <p>Policy 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 duties, or the investigation of the allegation. Staff interviews confirmed residents have not been used to relate PREA information to or from other residents in the past 12 months. There were no residents in need of interpreter services during the past 12 months.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the evidence, the Auditor has determined the facility is compliant with this standard regarding residents with disabilities and residents who are limited English Proficient.</p>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion****Documents Reviewed:**

Prison Rape Elimination Act (PREA) Policy and Procedures

Agency Criminal History Checks Policy

Agency Hiring and Promotions Policy

Personnel Information

**Interviews:**

Administrative (Human Resources) Staff

**Provision (a) and (f):**

**Provision (a):** The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—

(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);

(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

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

(f) The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Agency policies y 14HR:07.02 Criminal History Checks: Civilian Employees, Volunteers, Interns and Contractors: CARI Checks, and the PREA policy address hiring and promotion processes and decisions, including the requirement for background checks for new hires. The collective policies and interview with the Human Resource staff member revealed information regarding the hiring process, completion of background checks, and the grounds for termination. The policies are aligned with the requirements of the standard and provide that background checks are conducted every five years. A review of a sample of personnel files confirmed compliance.

The Policy is aligned with the requirements of the standard and provides background checks occur prior to employment and every five years thereafter.

Initial background checks and five-year checks exist through the central office. Personnel information includes: Offender Watch Registry checks; Pre-Hire Interview Questions; New Hire Application Packet; Applications; and results of CARI Checks. The interview and policies provide details about the hiring process and completion of background checks. Policy also provides the grounds for termination in accordance with the PREA standard. Staff has a continuing duty to report related misconduct and omission of sexual misconduct or providing false information will be grounds for termination.

Applicants are asked about any prior misconduct involving any sexual activity. In addition, the facility shall not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means. The agency/facility does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, or anyone, who has used or attempted to use force in the community to engage in sexual abuse.

**Provision (b):**

The agency 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 residents.

The facility considers any incidents of sexual abuse or sexual harassment in determining whether to hire a person, contract for services, or whether to promote an employee. Policies and the interview with the Human Resource staff provide that staff has a continuing duty to report misconduct and provide that omissions of misconduct or providing false information will be grounds for termination.

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 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.

**Provisions (c) and (d):**

**Provision (c):** Before hiring new employees who may have contact with residents, the agency shall:

- (1) Perform a criminal background records check;
- (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- (3) 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.

**Provision (d):** The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

The background check process includes consulting a child abuse registry as confirmed during the interviews. The prospective employee or contractor has to be cleared through the regular background check and the inquiries through the child abuse registry. Best efforts are made to identify information of incidents or allegations of sexual abuse by a prospective employee. Personnel documents and the interviews confirmed the facility considers any incidents of sexual abuse or sexual harassment in determining whether to hire a person, contract for services, or whether to promote an employee.

**Provision (e):**

The agency shall 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.

The policy and interview are aligned with the requirements of the provisions of the standard and provides background checks occur prior to employment and every five years thereafter. Initial background checks and five-year checks are documented. This was also confirmed during the interviews. Based on the review of documentation and the interview, the evidence shows the facility practices are aligned with the provisions of this standard.

**Provision (g):**

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Policy provides that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Based on the review of the documentation and interview, the evidence shows the facility follows this provision of the standard. Staff are made aware of the information during the new hire process.

**Provision (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.

Interviews and policy provide that the information will be provided when requested unless it is prohibited by law to do so.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor



	determined the facility is compliant with the provisions of the standard.
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Document Reviewed:</b></p> <p>PREA Policy</p> <p>Memorandum</p> <p>Observations</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>PREA Compliance Manager</p> <p>Policy provides that acquirement of a new facility, substantial expansion to an existing facility, or when installing or updating a video monitoring system, the facility considers how such activities may enhance the ability to protect residents from sexual abuse.</p> <p>Policy and FOP states that when there is substantial expansion to the facility, the ability to protect residents and staff from sexual abuse will be reviewed and ensured. The bathroom stall side panels were installed in the resident bathroom to provide side enclosure for privacy. The cameras at Pinelands were operational during the previous audit with the project's final completion date established as April 15th, 2021, when the line set cover was established.</p> <p><b>Conclusion:</b></p> <p>The interviews, policy, memorandum and observations confirm compliance with the standard.</p>

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**Documents Reviewed:**

Prison Rape Elimination Act (PREA) Policy and Procedures

Evidence Collection, Control and Security Policy and Procedures

Letter of Agreement, Rutgers University Behavioral Health Care

Memorandum of Agreement (MOA), New Jersey Coalition Against Sexual Assault

Resident Handbook

Posted Information

**Interviews:**

Random Staff

Superintendent

Investigative Staff

PREA Compliance Manager

Advocacy Agency Representative

**Provisions (a) and (b):**

**Provision (a):** To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. **Provision (b):** The protocol shall be developmentally appropriate for youth and, as appropriate, shall be 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.

Sexual abuse and sexual harassment allegations are investigated by the New Jersey Juvenile Justice Commission, Office of Investigations, which has both law enforcement authority and administrative authority to conduct investigations. The Office of Investigations may refer a case back to the facility for an administrative review, where indicated. Allegations of sexual abuse may also be reported to the Burlington County Prosecutor's Office and the New Jersey Department of Children and Families, Child Protection and Permanency. Reporting information is posted and provided to residents and staff.

Policy and training will be implemented regarding investigations of sexual abuse in accordance with the standard as supported by interviews with the Investigators from the Office of Investigations. The interviews with random staff and the Investigators confirmed awareness of protocol for obtaining usable physical

evidence and knowledge of the entities responsible for conducting investigations. The protocols for investigations are appropriate for youth and are contained in the agency training for investigators.

The uniform protocols, developed by related professionals, address but are not limited to interviewing; evidence collection; victim services; notifications; and prosecution of sexual assault cases. 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. During the 12 months prior to the audit, there were no allegations of sexual abuse or sexual harassment at this facility.

**Provision (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.

Policy states forensic medical examinations will be conducted at the local hospital who employs the services of Sexual Assault Nurse Examiners (SANEs) and Sexual Assault Forensic Examiners (SAFEs). Policy states that the services will be provided at no cost to the victim. Forensic medical examinations will be conducted at the local hospital emergency room by a Sexual Assault Nurse Examiner, according to the Nurse. The County has a Sexual Assault Response Team that has accessibility to various services. Continuity of care will be provided at the facility to include medical and mental health follow-up services. Forensic examinations will be provided at no cost to the victim. No forensic medical examinations were conducted during this audit period.

**Provisions (d) and (e):**

**Provision (d):** The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. **Provision (e):** As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through

the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

According to the MOU with the New Jersey Coalition Against Sexual Assault (NJCASA), 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 interviews confirmed the resident and/or facility staff members are able to utilize the victim service hotline to request a victim advocate.

**Provisions (f) and (g):**

**Provision (f):** To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. **Provision (g):** The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

A facility-based investigator will conduct administrative investigations in accordance with the training received, and the protocols which are aligned with the PREA Standard. Investigations of allegations of sexual abuse or sexual harassment that are criminal in nature are investigated by the Office of Investigations. The investigations conducted by the facility-based investigator are referred to the facility by the Office of Investigations, who has the authority to investigate both administrative and criminal investigations.

**Provision (h):** For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The agency and facility staff are involved in arrangements for victim advocacy services as confirmed through the interviews and written agreement with NJCASA. The interviews also confirmed that a resident may request advocacy services through the hotline. The background of treatment and social service staffs provide them with familiarity of general sexual assault and forensic examination issues and they may be of service to a resident as an advocate if needed.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the provisions of this standard.

	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>Superintendent</p> <p>PREA Coordinator</p> <p>Investigative Staff</p> <p><b>Provision (a):</b></p> <p>The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>Policy directs staff to report all allegations of sexual abuse and sexual harassment and to document the reports. Staff members are aware of the policy requirements as verified through their interviews. The facility reports no allegations of sexual abuse or sexual harassment. The facility Policy ensures the cooperation between the facility staff and the investigative entities.</p> <p><b>Provision (b) and (c):</b></p> <p><b>Provision (b):</b> The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. <b>Provision (c):</b> If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p>Policy and reporting information are located on the agency’s website and reporting information is posted within the facility and accessible to the public. Forms created for documenting and tracking investigations exist. Policies and interviews document that allegations of sexual abuse and sexual harassment will be investigated. A third-party reporting form is also on the website. Reporting information is posted in various areas the facility including but not limited to living units. The posted information is accessible to residents, staff, contractors, volunteers and visitors. Policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated.</p> <p><b>Provision (d):</b></p>

	<p>Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</p> <p>Policy and training provide guidance governing investigations. The agency utilizes trained investigators for administrative and criminal investigations. The interview with an agency investigator and agency records confirm that administrative and criminal investigations will be conducted by a trained investigator.</p> <p><b>Provision (e):</b></p> <p>Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</p> <p>The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in this facility.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.331	Employee training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p>Fraternization Between Juveniles and Staff Policy and Procedures</p> <p>Training Curricula</p> <p>Training Logs</p> <p>Training Acknowledgement Statements</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>Superintendent</p> <p>PREA Compliance Manager</p> <p><b>Provisions (a) and (c):</b></p>

**Provision (a):** The agency shall train all employees who may have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency 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 in 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; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (11) Relevant laws regarding the applicable age of consent.

**Provision (c):** All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of policies and procedures, interviews, and training documents. The documents and staff interviews support refresher training is 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:

1. Zero-tolerance PREA related policies.
2. Staff responsibilities and how to fulfill them regarding allegations or incidents of sexual abuse or sexual harassment.
3. Residents' right to be free from sexual abuse and sexual harassment.
4. The right for staff and residents to be free from retaliation for reporting allegations or cooperating in an investigation.
5. Dynamics of sexual abuse and sexual harassment in juvenile facilities.
6. Residents and employees rights to be free from retaliation for reporting sexual abuse and sexual harassment.
7. How to avoid inappropriate relationships with residents.
8. Common reactions of sexual abuse and sexual harassment by juvenile victims.
9. Communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents.
10. Mandatory reporting.
11. Relevant laws regarding the applicable age of consent.

Staff interviews confirmed they have received training on the 11 required topics. The interviews revealed staff are knowledgeable of PREA standards and were able to articulate their responsibilities in the PREA roles.

**Provision (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 males only and the training considers the needs of the population as determined by review of the training curricula and interviews with random staff. The policy states the training shall be tailored to the needs and attributes to the population served.

**Provision (d):**

The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

Policy provides all training be documented. Training rosters are maintained as well as training acknowledgement statements. A checklist is utilized to document training for all employees and contains the elements of PREA training. Training was also verified by the interviews.



	<p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with this standard.</p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p>Training Curriculum</p> <p>Training Acknowledgement Statements</p> <p><b>Interviews:</b></p> <p>Contractor</p> <p>Volunteers (2)</p> <p>Superintendent</p> <p><b>Provision (a):</b></p> <p>The agency shall ensure 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.</p> <p>Policy requires volunteers and contractors who have contact with residents, be trained on PREA and their responsibilities regarding sexual assault prevention, detection, and response to allegations of sexual abuse and sexual harassment. A review of training records and interviews document the training occurs.</p> <p><b>Provision (b):</b></p> <p>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>The interviews revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are</p>

	<p>informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training is based on the services provided by the contractors and volunteers. The participants acknowledge that training includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment of residents.</p> <p><b>Provision (c):</b></p> <p>The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The training acknowledgement statement containing the signature of the participant and the date, confirms the understanding of the PREA information. The review of training records revealed volunteers and contract providers are given PREA training and given the opportunity to ask questions prior to signing acknowledging they understand the contents of the documents regarding PREA.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the this standard regarding volunteer and contractor training.</p>
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115.333	Resident education
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p>Curriculum</p> <p>Acknowledgement Statements</p> <p>PREA Posters</p> <p><b>Interviews:</b></p> <p>Residents</p> <p>Intake Staff</p> <p><b>Provisions (a) and (b):</b></p> <p><b>Provision (a):</b> During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy</p>

regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. **Provision (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.

Policy provides that all residents receive information about the facility, including PREA education. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting. PREA education to residents and the residents interviewed, confirm that an orientation is provided to residents during the intake process. Policy provides that residents receive a comprehensive age-appropriate PREA education session within 10 days of admission to the facility. The results of the staff and resident interviews and review of training materials confirm the information provided to the residents is comprehensive and age-appropriate.

The intake staff ensures that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. The PREA education sessions includes but is not limited to a review of the PREA Brochure. The residents sign acknowledgement statements confirming their receipt of the PREA information. A review of documentation showing dates and indicating residents' participation in PREA education sessions confirmed the PREA education sessions occur. The PREA related information is provided to staff in policies and procedures, training and staff meetings.

**Provision (c):**

Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards 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.

All residents have received PREA training and indicated by a review of records.

**Provision (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.

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident. Posted PREA information is in English and Spanish accessible to residents, staff, contractors, volunteers, and visitors. Staff interviews confirmed residents are not used as translators or readers for other residents.

	<p><b>Provision (e):</b></p> <p>The agency shall maintain documentation of resident participation in these education sessions.</p> <p>A sample of signed acknowledgement statements were reviewed which supported the residents' involvement in PREA education sessions. The residents are 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. Receipt of the information by the residents is documented through interviews and the signed acknowledgement forms.</p> <p><b>Provision (f):</b></p> <p>In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.</p> <p>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 providing information to eliminate incidents of sexual abuse and sexual harassment. The Handbook provides educational information regarding sexual abuse and victims.</p> <p>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. The Auditor observed the PREA information in all areas frequented by the residents. Staff present the PREA information in a manner that is understandable to all residents as indicated by the interviews. If needed, the facility has internal and external resources to provide translation services. Support services may be provided by the teachers and mental health staff.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provision of this standard.</p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Documents Reviewed:</b>

PREA Policy and Procedures

Training Certificates

Training Curriculum

**Interviews:**

Investigative Staff

**Provisions (a) and (b):**

**Provision (a):** 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.

PREA training is required in addition to the specialized training regarding conducting investigations. Allegations of sexual abuse and sexual harassment are investigated by the Office of Investigations. The interview and review of documentation confirmed investigations are conducted by trained investigators. The specialized training includes but is not limited to interviewing techniques; proper use of Garrity and Miranda warnings; preserving evidence; and criteria for supporting a finding of substantiated, unsubstantiated or unfounded.

**Provision (c):**

The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Documentation of training for investigators is maintained and confirmed by the interviews. The investigators have received training as documented by the interview and training curriculum.

**Provision (d):**

Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

All investigators have received training courses as documented by interviews and training materials. The Department of Justice does not conduct investigations in this facility.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor

	determined the facility is compliant with this standard.
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p>Training Logs</p> <p>Training Curriculum</p> <p><b>Interviews:</b></p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p><b>Provision (a):</b></p> <p>The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <p>(1) How to detect and assess signs of sexual abuse and sexual harassment;</p> <p>(2) How to preserve physical evidence of sexual abuse;</p> <p>(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and</p> <p>(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>Policy provides that medical and mental health staff members receive the regular PREA training as well as the specialized training. Training records document specialized training for medical and mental health staff members. Specialized medical and mental health training is provided through Rutgers University Behavioral Healthcare. Documentation of specialized training was reviewed for all medical and mental health staff and confirmed during interviews of medical and mental health staff. The interviews and a review of training materials confirmed completion of the PREA related training.</p> <p><b>Provision (b):</b></p> <p>If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</p>

	<p>Forensic examinations are not conducted by the facility's medical staff as verified during the medical staff interview. Forensic examinations are conducted at the local hospital by a Sexual Assault Nurse Examiner or Sexual Assault Forensic Examiner.</p> <p><b>Provision (c):</b></p> <p>The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.</p> <p>The training documents, including training certificates and the interviews with medical and mental health staff confirmed receipt of the required training.</p> <p><b>Provision (d):</b></p> <p>Medical and mental health care practitioners shall also receive the training mandated for employees under Standard 115.331 or for contractors and volunteers under Standard 115.332, depending upon the practitioner's status at the agency.</p> <p>Medical and mental health staff completed the general training that is provided for all staff members as documented.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p>Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization Forms</p> <p><b>Interviews:</b></p> <p>Staff Responsible for Risk Screening</p> <p>PREA Compliance Manager</p> <p>PREA Coordinator</p> <p>Residents</p>

**Provision (a):**

Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

Policy provides a risk screening occurs within 72 hours upon arrival to the facility. The staff responsible for risk screening will interview the resident during the intake process to obtain information about the resident's personal history and behavior in order to complete the instrument that will reduce the risk of sexual abuse by or upon a resident. The resident's risk level is reassessed annually unless there is disclosure or concerning behavior.

The instrument, Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization, is used for the risk screening. Staff obtains information from court records, any files, and interviews with the resident and parents/guardians. Resident interviews indicated they were asked whether they identify with being gay, bi- sexual, transgender or intersex; if they think they are in danger of sexual abuse; if they ever was sexually abused; and if they have any disabilities.

**Provision (b):**

Such assessments shall be conducted using an objective screening instrument.

An objective screening instrument is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; current charges and offense history; disabilities; and a resident's concern regarding his own safety. The instrument is tabulated based on the information received where identified responses can identify any special needs and safety concerns.

Assessments are conducted through the use of the objective primary instrument containing items that collectively provide a presumptive determination of risk for victimization or abusiveness. Additional assessment tools are used by clinical staff which provides information regarding other risk factors. The interview and review of policy revealed how the objective instrument is administered to obtain information to assist staff in keeping residents safe. Policy provides that residents be screened within 72 hours of admission; interviews and documentation indicate they are screened earlier, generally on the day of admission.

**Provision (c):**

At a minimum, the agency shall attempt to ascertain information about:

- (1) Prior sexual victimization or abusiveness;
- (2) 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;
- (3) Current charges and offense history;



	<p>(4) Age;</p> <p>(5) Level of emotional and cognitive development;</p> <p>(6) Physical size and stature;</p> <p>(7) Mental illness or mental disabilities;</p> <p>(8) Intellectual or developmental disabilities;</p> <p>(9) Physical disabilities;</p> <p>(10) The resident’s own perception of vulnerability; and</p> <p>(11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.</p> <p>The Auditor reviewed the Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization screening instrument and determined all factors required by this provision of the standard are included. The interview with the staff responsible for risk screening confirms she is aware of the elements of the risk screening instrument. The resident interviews also confirm the administration of the screening instrument.</p> <p><b>Provision (d):</b></p> <p>This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files.</p> <p>Policy provides that the information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s file. The review of the instrument and interview with the staff responsible for risk screening confirmed the information is ascertained through conversations with the residents using the Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization screening instrument. Resident interviews also revealed the instrument is used. Additional screening instruments are used.</p> <p><b>Provision (e):</b></p> <p>The agency shall implement 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.</p> <p>Staff take appropriate controls to ensure that sensitive information is protected and not exploited by maintaining the files under lock and key. The online information is</p>
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	<p>password protected and is only accessible to identified staff. Pertinent information may be provided to staff based on need to know. Staff training includes information regarding confidentiality of information concerning residents. Policy provides for appropriate controls be taken to ensure that sensitive information is protected and not exploited. The Auditor observed the files to be maintained in a secure manner.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.342</b>	<b>Placement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p>Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization</p> <p>Safe Housing Assessment</p> <p><b>Interviews:</b></p> <p>PREA Compliance Manager</p> <p>Staff Responsible for Risk Screening/Intake Staff</p> <p>Random Staff</p> <p><b>Provision (a):</b></p> <p>The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.</p> <p>Policy requires victimization screening information to be used to determine a resident's bed assignment and/or its proximity to direct care staff to ensure resident's safety. Direct care staff are advised if the resident is identified as being at-risk for victimization or posing a risk. The facility Policy provides guidance to staff regarding the use of the information obtained from the Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization instrument. The staff interviews and information obtained through the administration of the screening instrument assist in determining bed, education and other program assignments with the goal of keeping all residents safe and meeting the needs of</p>

each resident.

**Provision (b):**

Residents may be 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. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and 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.

Isolation is not used in this facility and a potential victim or victim of sexual abuse requiring protective custody was not identified during this audit period. The staff interviews indicated that protective measures would be taken immediately when needed and includes alerting supervisor or other staff; separating residents; and increase level of supervision.

**Provision (c):**

Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Gay, bi-sexual, transgender and intersex residents are not placed in a particular module and states LGBTI identification or status is not an indicator or likelihood of being sexually abusive. Transgender or intersex resident's own view with respect to his safety will be given serious consideration. During the site review, there were no rooms or area observed to be reserved for transgender or intersex residents. A staff interview and observations revealed there is no special housing based on how a resident identifies.

**Provision (d):**

In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall 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.

Policy provides that housing and program assignments for transgender or intersex residents will be made on a case-by-case basis and these residents will not be placed in particular or special housing which was evident from staff interviews. There were no transgender or intersex residents in the facility during the site visit and this audit period. The staff responsible for risk screening 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.

**Provision (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; staff is aware of the requirement. The risk screener confirmed each transgender or intersex resident will be reassessed at least twice each year to review any threats to safety experienced by the resident.

**Provision (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 screening instrument. The residents confirmed in the interviews, they are asked about their safety concerns. The resident's concern for his own safety is taken into account through the administration of the vulnerability assessment, treatment and counseling sessions, individual sessions, and informal interactions with staff. The interviews with staff and review of documentation were aligned with the policy. There were no transgender or intersex youth housed in the facility during this audit period.

**Provision (g):**

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Transgender or intersex residents are given the opportunity to shower separately from other residents which is supported by staff and policy. The facility has not housed a transgender or intersex resident during this audit period.

**Provision (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:

	<p>a. The basis for the facility's concern for the resident's safety; and</p> <p>b. The reason why no alternative means of separation can be arranged.</p> <p>Isolation is not used in this facility. Enhanced levels of supervision are provided which includes the highest level of supervision of a resident remaining at arm's length to a staff member and his status is frequently documented. A resident may be separated from others by being supervised by staff in an area or room where a door is not closed or locked. According to the PREA Policy, the resident may be away from the general population for only the period necessary to maintain safety and security. The policy is inclusive of this provision if there were to be an emergency situation. The Isolation/separation would be documented according to the provisions of the policy and standard.</p> <p><b>Provision (i):</b></p> <p>Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.</p> <p>The facility does not use isolation. No residents at risk of sexual victimization were placed in isolation in the 12 months preceding the audit.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p>Request and Remedy Form</p> <p>Third Party Reporting Forms</p> <p>Resident Handbooks</p> <p>Multilingual Posters</p> <p><b>Interviews:</b></p> <p>Random Staff</p>

Residents

PREA Compliance Manager

**Provision (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.

Multiple internal ways exist 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. Resident interviews confirmed their knowledge of this procedure.

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. Random care staff interviews revealed residents may use the telephone, located on each unit, to privately report sexual abuse and sexual harassment. The telephone was tested during the site review and was found to be in working order, answered by a trained operator.

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 are designated locked boxes and forms on the living units 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 needs to complete the form, check the appropriate space and place it in the secured box.

The resident receives a handbook which provides PREA related information, including how to report allegations of sexual abuse. Posters are located in the living unit 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 sexual abuse or sexual harassment 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

**Provision (b):**

The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant

officials at the Department of Homeland Security.

Policy requires residents 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. Residents may call the Ombudsman or call the victims' advocate hotline. Residents may request to use a telephone with some degree of privacy to call the hotline without having to obtain staff permission. The expectation is that staff not question residents about the reason for the call. Residents have access to writing materials to write and send a letter to the posted resources regarding sexual abuse or sexual harassment.

The residents are aware of the abuse hotline and were able to articulate how they could gain access. The access information is posted on the wall by the telephone. Direct care staff revealed staff could use the emergency phone to report allegations of abuse. Allegations of sexual abuse nor sexual harassment have not been reported during this audit period. The facility does not detain residents solely for civil immigration purposes.

**Provision (c):**

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

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. 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 and staff are aware third-party reports will be received by staff and referred to the appropriate investigative entity and that reports may be made anonymously.

**Provision (d):**

The facility shall provide residents with access to tools necessary to make a written report.

The accessibility to writing materials was observed by the Auditor. Reporting forms such as Request and Remedy Forms, other help request forms and information, and writing utensils ensure the resident's option for requesting relief or reporting allegations in writing. There were no allegations of sexual abuse or sexual harassment during this audit period.

**Provision (e):**

The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

The staff interviews revealed staff may privately report allegations of sexual abuse or sexual harassment of residents. The interviews collectively identified the

	<p>following ways a report can be made privately: use of the hotline; third-party reporting form; report by email to administrative staff; and/or talk to supervisor in private.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p>Request and Remedy Process</p> <p>Juvenile Rights, Responsibilities and Resolution of Complaints</p> <p>Resident Handbook</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>PREA Compliance Manager</p> <p><b>Provision (a):</b></p> <p>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.</p> <p>Agency policy addresses the exhaustion of administrative remedies. There is a grievance system known as Request and Remedy which requires a timely response. The policy contains procedures regarding the process for dealing with resident written complaints or grievances related to sexual abuse and sexual harassment. Residents may submit a Request and Remedy-PREA Complaint Form related to PREA allegations at any time regardless of when the incident is alleged to have occurred and residents are not required to use an informal process for any situation regarding sexual abuse.</p> <p>The completed Form is placed in a locked box; the Forms and locked box are accessible to all residents. The Forms are collected and forwarded to the Ombudsman in the central office and a copy is maintained at the facility. When a</p>



complaint is received that contains an allegation of sexual abuse or sexual harassment, the policy and procedures for reporting and/or investigating allegations of sexual abuse or sexual harassment are initiated. An investigation will be conducted by a facility-based investigator or an investigator from the Office of Investigations based on the information received and whether the Office of Investigations refers the allegation back to the facility for an administrative investigation.

**Provision (b):**

The agency shall permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits. The agency shall refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

A Request and Remedy-PREA Complaint form has been created to address emergency reporting through written format and requires an immediate response. Policy allows no time frame for reporting sexual abuse or sexual misconduct and there is no requirement for an informal process to be utilized prior to the filing of a Request and Remedy-PREA Complaint.

**Provision (c):**

The agency shall 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. The agency shall ensure that such grievance is not referred to a staff member who is the subject of the complaint.

Residents may request assistance in completing the Request and Remedy-PREA Complaint form. A locked box is located for residents to submit the form anonymously if so desired. Residents may opt for the form to be sent 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 provided to the Executive Director within one day.

**Provision (d):**

The agency shall 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. The agency shall notify the resident in writing of any extension and provide a date by which a decision will be made.

Policy provides details about the administrative remedy process including timelines which are well within the parameters of the standard. According to the policy, when the Request and Remedy Forms are retrieved from the locked box, the Executive Director or designee must be immediately notified by telephone if they contain information that "a juvenile may have been subjected to child abuse or acts of child abuse; appears to identify or allege criminal activity; or reveals an immediate threat to the juvenile, other juveniles, staff, or to the orderly operation of the facility." The

Superintendent or designee must forward the complaint form to the Executive Director or designee and maintain a written log which is submitted each month to the Office of the Executive Director.

According to the policy, “within two business days of receiving a Request and Remedy-PREA Complaint Form the Executive Director, or designee, shall assign responsibility for investigating and resolving the request, and forward a copy of the form to the person assigned.” Within five days the complaint will be investigated and a proposed resolution prepared. When a complaint is received that contains an allegation of sexual abuse or sexual harassment, the policy and procedures for reporting and/or investigating allegations of sexual abuse or sexual harassment are implemented.

When a report is received that a resident is at substantial risk of imminent sexual abuse, the Executive Director or designee will direct immediate corrective actions be implemented as required. Initial response by the Executive Director or designee is required within 48 hours to inform the resident of receipt of the complaint and a final decision will be issued within five calendar days, in accordance with Policy. The responses to the complaint will be in writing. There have been no allegations of sexual abuse or sexual harassment during this audit period.

**Provision (e):**

Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse. Third parties shall be permitted to file requests on behalf of residents.

Policy provides that third parties may assist a resident in filing a complaint. Third parties include other juveniles; staff members; family members; attorneys; and outside advocates. The third-party complaint will not be processed unless the consent requirement is met. The parent or guardian may report an incident of sexual abuse or sexual harassment on the resident’s behalf when the resident is under the age of 18. It is documented when a resident does not consent for a request and remedy to be made on his behalf.

When third-party reports of allegations of sexual abuse or sexual harassment are received, the policies and procedures for reporting and investigating allegations of sexual abuse or sexual harassment are initiated and a report is made as required by policy. An investigation will be conducted by an investigator as deemed appropriate. Policy supports third-party complaints however there have been no complaints alleging sexual abuse filed by a third-party.

**Provision (f):**

The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

There were no grievances filed alleging sexual abuse or sexual harassment in the

	<p>past twelve months. No grievances were received that alleged a resident was at substantial risk of imminent sexual abuse in the past twelve months. When a report is received that a resident is at substantial risk of imminent sexual abuse, the Executive Director or designee will direct immediate corrective actions be implemented as required. Initial response by the Executive Director or designee is required within 48 hours to inform the resident of receipt of the complaint and a final decision will be issued within five calendar days, in accordance with policy. The responses to the complaint will be in writing and in accordance with policy, will convey the "Commission's determination whether the juvenile is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance."</p> <p><b>Provision (g):</b></p> <p>If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, it shall do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith.</p> <p>Agency policy provides that a resident will not be disciplined as a result of filing a Request and Remedy-PREA Complaint Form. There has not been a written complaint submitted alleging sexual abuse during this audit period.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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115.353	Resident access to outside confidential support services and legal representation
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p>Procedures for Visiting Residents</p> <p>Memorandum of Understanding</p> <p>PREA Brochure (Safety Pamphlet)</p> <p>Signage in English and Spanish</p> <p>Posted Information</p> <p><b>Interviews:</b></p>

Residents

Superintendent

PREA Compliance Manager

Representative, advocacy agency

**Provision (a):**

The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

Residents are provided access to outside confidential support services through CONTACT of Burlington County which provides the following: a 24/7 hotline staffed by a certified victim advocate; certified victim advocates to respond to requests for advocacy and accompaniment during forensic examination and interview; counselling; follow- up support; and referral for treatment after release or transfer to another facility. Signs containing the CONTACT of Burlington County hotline number and basic information about the service were observed in the facility.

Contact information for advocacy services is a part of the PREA education sessions and the printed information regarding reporting allegations of sexual abuse and sexual harassment is accessible to residents, staff and visitors. Reporting information is also contained in the Resident Handbook and brochures. The resident interviews revealed that a defined emphasis would be helpful to the residents in maintaining a better understanding of the advocacy services. The PREA Compliance Manager has enhanced the training guide for PREA education sessions to be more specific regarding advocacy services. The hotline telephone was observed in each living unit and the contact information for services from the agencies was posted. The telephone was tested and deemed in working order and attended by a responsive advocate.

A Memorandum of Understanding (MOU) exists between the Juvenile Justice Commission (JJC) and New Jersey Coalition Against Sexual Assault (NJCASA). The MOU provides that NJCASA informs all county-based rape crisis centers to provide assistance to the residents of the Juvenile Justice Commission. The agency's statewide PREA Coordinator and NJCASA are currently working toward getting a review and signed renewal of the MOU. It was confirmed that services will not be affected during the update review and signing process.

**Provision (b):**

The facility shall 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.

The policy and MOU address confidentiality of the advocacy support services. The resident receives information regarding the limitations of confidentiality during the intake process. The advocacy agency's brochure acknowledges adherence to confidentiality measures. Residents are informed of the confidentiality regarding the sexual violence hotline services through the brochure and PREA education. The reporting information is posted and accessible to all residents. Review of the advocacy services and posted information are a part of the orientation process.

**Provision (c):**

The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

A Memorandum of Understanding (MOU) exists between the Juvenile Justice Commission (JJC) and New Jersey Coalition Against Sexual Assault (NJCASA). The MOU provides that NJCASA informs all local county-based rape crisis centers to provide assistance to the residents of the JJC. The PREA Coordinator and NJCASA are currently working toward developing a Memorandum of Understanding with the local rape crisis center. The local agency, CONACT, that a call would be routed to is identified on the signage along with directions for reporting allegations or requesting advocacy services. An advocate will go to the facility or the hospital upon request. The interviews confirm the availability and accessibility of outside confidential support services to residents.

**Provision (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 interviews confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians. The site review revealed areas where residents 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. Additionally, residents interviewed confirmed the facility would allow them to see and talk with their parents or someone else, such as a legal guardian. Residents are provided with reasonable and confidential access to their attorneys or court representatives and reasonable access to parents or legal guardians.

	<p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard.</p>
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<b>115.354</b>	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>PREA Policy and Procedures</p> <p>Resident Handbook</p> <p>Posted and other Printed Materials in English and Spanish</p> <p>Website Information</p> <p>Third Party PREA Complaint Form</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>Residents</p> <p><b>Standard 115.354:</b></p> <p>The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>Staff members are to receive, document and report allegations of sexual abuse and sexual harassment made by a third-party. The staff members are aware third-party reporting of sexual abuse or sexual harassment can be done and indicated the information will be accepted and reported. Staff members are to document all verbal reports received. The interviews collectively revealed staff may report allegations privately through the use of the abuse reporting hotline, complete a report, and tell administrators/supervisors. The facility website contains the information needed for third-parties to report allegations of sexual abuse and sexual harassment.</p> <p>Information regarding reporting is posted within the facility and accessible to residents, staff and visitors. Reporting information is also contained in the Resident Handbook. The residents indicated knowing someone who did not work at the facility that they have contact with. It was determined that a person outside of the</p>

	<p>facility may report allegations of sexual abuse and may make a report for a resident without giving the resident's name. No third-party reports were received during this audit period.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is in compliance with this standard.</p>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p>Confidentiality Policy and Procedures</p> <p>PREA Sexual Abuse Incident Check Sheet</p> <p>Suspected Child Abuse Report Form</p> <p>Posted PREA Related Information</p> <p><b>Interviews:</b></p> <p>Random Staff</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Superintendent</p> <p><b>Provision (a) and (b):</b></p> <p><b>Provision (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. <b>Provision (b):</b> The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p>All staff members are required to report any allegation of sexual misconduct or resident-on-resident sexual activity to the agency and the Division of Child</p>

Protection and Permanency (DCPP). Policy states that staff is prohibited from revealing any related information to anyone other than those persons making treatment, investigation, security, or management decisions. 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 DCPP and local law enforcement.

**Provision (c):**

Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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.

Policy supports that after allegations have been appropriately reported, staff will not be permitted to give out any other information relating to what was reported except when necessary to obtain treatment for the resident, aid in the investigation, or help retain the security of the facility. Staff is expected to continue to abide by the confidentiality requirements of the facility. Interviews with staff indicated their knowledge of the prohibition of revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Based on the review of documentation and interviews with staff, it is evident the facility follows this provision of the standard.

**Provision (d):**

(1) Medical and mental health practitioners shall be 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.

(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The medical and mental health staff interviewed stated residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff interviewed revealed they are mandated reporters. They also indicated informed consent would be documented for a resident 18 years old and over regarding reporting allegations of sexual abuse that did not occur in an institutional setting.

**Provision (e):**

(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and



	<p>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.</p> <p>(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.</p> <p>(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.</p> <p>Reports of allegations will be made as soon as possible to the investigative entities and parents/legal guardians, based on policy and interviews. The interview with the Superintendent confirmed that a resident's caseworker rather than a parent would be notified where indicated by the resident being under the guardianship of a child welfare agency. The resident's attorney, where applicable, would be notified of an allegation of sexual abuse within 14 days, in accordance with Policy, which also provides the appropriate timelines and directions to staff for reporting allegations. The Regional Administrator for the agency will also be contacted. There was no allegation of sexual abuse or sexual harassment during this audit period.</p> <p><b>Provision (f):</b></p> <p>The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p>Policy and interviews provide for all allegations to be reported. Investigators from the facility or the Office of Investigations will be assigned to investigate an allegation. Administrative investigations are conducted by one of the facility-based investigators as assigned or through referral from the Office of Investigations. All sexual abuse and sexual harassment allegations that are criminal in nature are referred for investigation to the Office of Investigations. Third-party and anonymous reports received must be reported and documented by staff as confirmed through interviews.</p> <p><b>Conclusion:</b></p> <p>Based on the evidence, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Documents Reviewed:</b>

	<p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p>Resident Handbook</p> <p>Vulnerability Assessments</p> <p>Safe Housing Assessments</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>Random Staff</p> <p>Agency Head</p> <p>Random Residents</p> <p><b>§115.362</b></p> <p>When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>Agency provides that when the facility learns that a resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. There have been no incidents in the last 12 months where the facility took any action regarding a resident being in substantial risk of imminent sexual abuse, as revealed in interviews. Policy guides the response to this standard if it becomes necessary.</p> <p>The interviews with the residents revealed during the intake process, how they feel about their safety is part of the inquiries by staff in completing paperwork. A review of a sample of assessments supports the information provided by residents. Staff is required to protect the residents through implementing protective measures. The expectation is that any action to protect a resident would be taken immediately as deemed from interviews and the policy. Protective measures include but are not limited to separation, alert other staff, place the resident on heightened supervision, and document the situation. The Superintendent is required by policy to report the situation to the Executive Director or designee. When a report is received that a resident is at substantial risk of imminent sexual abuse, the Executive Director or designee will direct immediate corrective actions be implemented as required.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard and the provisions regarding agency protection duties.</p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p><b>Provisions (a), (b), (c), and (d):</b></p> <p><b>Provision (a):</b> Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. <b>Provision (b):</b> Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. <b>Provision (c):</b> The agency shall document that it has provided such notification. <b>Provision (d):</b> The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>Agency policy requires the Superintendent to notify the head of another facility within 72 hours upon receiving an allegation a resident was sexually abused while confined at another facility. If any allegation is made, the notifications and documentation of the notifications would be made according to facility policy.</p> <p>During the past 12 months, there were no allegations received that a resident was abused while confined to another facility nor were there allegations of sexual abuse received by Pinelands Residential Community Home from other facilities.</p> <p><b>Conclusion:</b></p> <p>Based upon the information received and interviews, the Auditor determined the facility is compliant with this standard regarding reporting to other confinement facilities.</p>

<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p>

## Coordinated Response

### **Interviews:**

Random Staff

### **Provision (a):**

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and
- (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

Agency policy and procedures provide that upon learning of an allegation that a resident was sexually abused, the first security-level staff member to respond to the report shall be required to:

- a. Separate the alleged victim and abuser;
- b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- c. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence.

The interviews with staff confirmed awareness of first responder duties and the training they had been provided. There were no allegations of sexual abuse or sexual harassment during the last 12 months. Staff interviews revealed that all understand the requirement to protect the residents, preserve evidence, secure the scene, and report to their Supervisor. A sample of staff training files indicated that they have received the appropriate training.

### **Provision (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.

	<p>Non-security staff have knowledge of the actions to take when there is an allegation of sexual abuse.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.365</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Pinelands RCH meets the requirements of this standard based upon the following evidence:</b></p> <p><b>Documents Reviewed:</b></p> <p>Agency Policy (NJJC ED:01.02), Prison Rape Elimination Act (PREA)</p> <p>Facility Operating Procedures (FOP) PREA</p> <p>Pinelands RCH Coordinated Response</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>Random Staff</p> <p><b>§115.365</b></p> <p>The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Policy requires the development of a written plan to coordinate actions taken in response to an incident of sexual assault. The Coordinated Response Plan includes actions to be taken among staff first responders, medical, mental health, and facility leadership. The interviews revealed they are knowledgeable of their duties in response to an allegation of sexual abuse. All staff interviewed were familiar with the roles regarding the response to an allegation of sexual abuse.</p> <p>Forensic medical examinations will be provided free of charge to the victim at the local hospital by a Sexual Assault Nurse Examiner (SANE). The hospital has 24/7 access to a SANE provider. A qualified medical professional shall perform a forensic medical examination if there is no SANE available. The victim will be provided unimpeded access to crisis intervention and medical services. There were no</p>

	<p>allegations of sexual abuse or sexual harassment during this audit period.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility complies with the standard.</p>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Agreements</p> <p><b>Interview:</b></p> <p>Executive Director</p> <p><b>Provisions (a) and (b):</b></p> <p><b>Provision(a):</b> Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreements that limits the agency's ability to remove alleged staff sexual abusers form contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p><b>Provision (b):</b> Nothing is this standard shall restrict the entering into on renewal of agreements that govern:</p> <p>(1) The conduct of the disciplinary process, at long as such agreements are not inconsistent with the provisions of §115.372 and §115.376; or</p> <p>(2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>The agency engages in collective bargaining and has renewed agreements. The interview verified the agreements permit the agency to remove alleged staff sexual abusers from contact with any resident pending an investigation or a determination of whether and to what extent discipline is warranted.</p>

115.367	Agency protection against retaliation
	<p data-bbox="280 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 342 633 376"><b>Documents Reviewed:</b></p> <p data-bbox="280 409 671 443">PREA Policy and Procedures</p> <p data-bbox="280 488 647 521">Safe Housing Assessment</p> <p data-bbox="280 566 632 600">Juvenile Monitoring Form</p> <p data-bbox="280 633 767 667">Level of Supervision Status Report</p> <p data-bbox="280 701 874 734">Record of Retaliation Preventive Measures</p> <p data-bbox="280 779 459 813"><b>Interviews:</b></p> <p data-bbox="280 846 469 880">Agency Head</p> <p data-bbox="280 925 775 958">Superintendent/Retaliation Monitor</p> <p data-bbox="280 992 496 1025"><b>Provision (a):</b></p> <p data-bbox="280 1059 1398 1261">The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p data-bbox="280 1305 1461 1552">Policy supports protecting 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. The Superintendent is responsible for ensuring retaliation monitoring occurs. The retaliation monitoring activities will be documented. The Superintendent is familiar with the role of retaliation monitor and its purpose.</p> <p data-bbox="280 1585 496 1619"><b>Provision (b):</b></p> <p data-bbox="280 1653 1469 1854">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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="280 1899 1469 2101">Protective measures were generally identified during the interviews and were aligned with policy. Implementation measures to protect residents from retaliation include but are not limited to room changes; removing alleged staff or resident; and change in shift assignments; provide emotional support, including mental health services. The retaliation monitoring will be documented and follow-up checks with</p>

the parties involved will ensure safe feelings and identify whether retaliation is occurring. The interviews confirmed the measures to detect and protect staff and residents from retaliation by others.

**Provision (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.

Policy provides that the retaliation monitoring will occur for at least 90 days to see if there are any changes that may suggest possible retaliation is occurring. The monitoring period could last longer to ensure the resident and staff are protected from retaliation. The interview identified items that would be monitored to assess retaliation and included but were not limited to program and housing changes; changes in staff shift assignments; and observed staff and resident interactions.

**Provision (d):**

In the case of residents, such monitoring shall also include periodic status checks.

Policy and the interview with the Superintendent indicate that status checks will occur as a part of retaliation monitoring. The interview revealed that initial contact would be made and follow-up checks documented.

**Provision (e):**

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Policy application will be extended to those who cooperate with an investigation if there is a concern regarding retaliation. The interviews indicated that the appropriate measures would be taken to protect any related individuals against retaliation.

**Provision (f):**

An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The obligation to monitor for retaliation terminates, if it is determined that the allegation is unfounded, in accordance with policy. The interview with the Superintendent revealed his familiarity with the requirements regarding retaliation monitoring.



	<p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>Mental Health Staff</p> <p>Medical Staff</p> <p><b>§115.368</b></p> <p>The use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342.</p> <p>Isolation is not used in this facility and a potential victim or victim of sexual abuse was not identified during this audit period. The staff interviews indicated that protective measures would be taken immediately when needed and includes separating residents from each other; place on a heightened level of supervision; notify other staff, including supervisors and administrators; and document the information.</p> <p><b>Conclusion:</b></p> <p>Based upon the review of Policy, interviews, and observations, the Auditor determined the facility is compliant with this standard.</p>

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p>

Prison Rape Elimination Act (PREA) Policy and Procedures

Training Rosters

**Interviews:**

Superintendent

PREA Compliance Manager

Investigative Staff

Random Staff

PREA Coordinator

**Provision (a):**

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

A sworn law-enforcement department who conducts PREA investigations is the Office of Investigations (OOI). OOI staff may consult with the local county prosecutor's office when criminal behavior is identified. Based on policy, training curriculum, and interviews, trained investigators conduct investigations of allegations of sexual abuse and sexual harassment. Investigations are conducted thoroughly and objectively based on the training provided and interviews. Sexual abuse and sexual harassment allegations are investigated by the OOI which has both law enforcement authority and administrative authority to conduct investigations.

Allegations of sexual abuse may also be reported to the County Prosecutor's Office and the New Jersey Department of Children and Families, Division of Child Protection and Permanency. All of the reporting information is posted and provided to residents and staff. During the 12 months prior to the audit, there were no allegations of sexual abuse or sexual harassment. The random staff interviews and policy provide that third-party and anonymous reports are also investigated as required.

**Provision (b):**

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

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 during an investigation that is criminal in nature. 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.

**Provision (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.

**Provision (d):**

The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

Interviews revealed that all investigations continue regardless of the victim or subject no longer being in the care and custody, or employment, of the agency. There was no allegation of sexual abuse or sexual harassment at this facility during this audit period

**Provision (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.

Investigators conduct all aspects of the investigation including evidence collection, interviews and review for prior complaints. They are in contact with prosecutors during the investigative process.

**Provision (f):**

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's 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.

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. The credibility is determined on a case-by-basis.

**Provision (g):**

Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) 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.

The policy addresses the credibility of a victim, suspect or witness. The policy prohibits the use of a polygraph as a condition for proceeding. The policy requires a written report to be maintained that includes a description of the physical and testimonial evidence, the reasoning behind any credibility assessment, and the facts and findings of the investigation. There were no allegations of sexual abuse or sexual harassment during this audit period.

**Provision (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.

The policy requires a written report be maintained that includes a description of the physical and testimonial evidence, the reasoning behind any credibility assessment, and the facts and findings of the investigation. All criminal and administrative investigations are documented in accordance with established procedures.

**Provision (i):**

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The Office of Investigations has the responsibility to confer with the County Prosecutor's Office regarding substantiated allegations that were criminal in nature.

**(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.

The investigative reports are maintained in accordance with the policy which defers to what is required by state law. Investigative reports are maintained in accordance with the Records Retention and Disposition Schedule for Local Police Departments. Any file involving a criminal matter, other than criminal homicide, resulting in the arrest of an officer, must be maintained for 75 years. All other criminal or administrative internal affairs investigative records are to be maintained for at least five years. According to policy, the agency should maintain such files for the officer's career plus five years. The agency may adopt a longer retention schedule if it benefits the agency.

	<p><b>Provision (k):</b></p> <p>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>The policy prohibits the termination of an investigation solely because the source of the allegation recants, or the alleged abuser or victim is no longer in the employment or control of the Juvenile Justice Commission.</p> <p><b>Provision (l):</b></p> <p>Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.</p> <p>The investigative entities are aware of the PREA standards requirements through the initial sharing of PREA information and subsequent professional interactions. The Department of Justice does not conduct investigations in this facility.</p> <p><b>Provision (m):</b></p> <p>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.</p> <p>The interviews and the policy support that staff cooperate with investigators and that the agency/facility is kept informed of the progress of an investigation. Communication is maintained between facility staff and the applicable investigative entity. The Superintendent may remain abreast about the progress of an investigation through emails and telephone calls. The Office of Investigations has a strong working relationship with local county prosecutors and the Attorney General.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding criminal and administrative agency investigations.</p>
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115.372	Evidentiary standard for administrative investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Document Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p><b>Interview:</b></p>

	<p>Investigative Staff</p> <p><b>§115.372</b></p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The agency policy states the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of misconduct by staff are substantiated. The interview was aligned with the policy and standard.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence and the interviews, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>PREA Policy and Procedures</p> <p>Juvenile Notification Form</p> <p><b>Interviews:</b></p> <p>Superintendent</p> <p>PREA Coordinator</p> <p><b>Provision (a):</b></p> <p>Following an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>Policy addresses the resident being informed when a sexual abuse investigation is completed and the outcome of the investigation provided in writing. The results of such investigations will be documented on the Notification to Juvenile Form and provided to the resident by the Superintendent. There is awareness of the requirement.</p> <p><b>Provision (b):</b></p> <p>If the agency did not conduct the investigation, it shall request the relevant</p>

information from the investigative agency in order to inform the resident.

The Superintendent will remain abreast of an investigation conducted by any of the investigative entities by serving as the facility contact person. The results of the investigation will be provided to the resident in writing by the Superintendent. If the investigation was completed by an outside agency, the Director of Investigations will request documentation so that the resident may be notified about the results of the investigation.

**Provision (c):** 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.

Policy requires that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident will be informed, in writing, of the following, unless it has been determined that the allegation is unfounded, whenever:

- a. The staff member is no longer posted within the resident's housing unit;
- b. The staff member is no longer employed at the facility;
- c. The Commission learns that staff member has been indicted on a charge related to sexual abuse in the facility; and/or
- d. The Commission learns that staff member has been convicted on a charge related to sexual abuse in the facility.

**Provision (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.

Policy provides that following a resident's allegation of being sexually abused by

	<p>another resident the alleged victim shall be informed, in writing, whenever:</p> <p>a. The Commission learns that alleged abuser is indicted on a charge related to sexual abuse within the facility.</p> <p>b. The Commission learns that the alleged abuser is convicted related to the sexual abuse within the facility.</p> <p><b>Provision (e):</b></p> <p>All such notifications or attempted notifications shall be documented.</p> <p>Policy provides for the notification to the resident be documented. The Notification to Juvenile Form will be used to document the resident's notification of the results of an investigation and any disposition of the alleged perpetrator. The Policy provides that the notification will be made by the Superintendent or designee. There is familiarity with the requirement as determined from interviews and informal conversation.</p> <p><b>Provision (f):</b></p> <p>An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.</p> <p>The agency's obligation to report under this standard terminates if the resident is released from the facility's custody.</p> <p><b>Conclusion:</b></p> <p>The interviews and review of policy and other documentation confirmed the facility is compliant with this standard.</p>
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115.376	Disciplinary sanctions for staff
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Document Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p><b>Interview:</b></p> <p>Superintendent</p> <p><b>Provision (a):</b></p> <p>Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p>



The policy and interview confirm staff is subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. There was no evidence of staff violating agency sexual abuse or sexual harassment policies during the previous 12 months.

**Provision (b):**

Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

Termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse with a resident. The interview and policy are aligned with this premise. The facility reports that no staff member violated Policy regarding sexual abuse or sexual harassment during this audit period.

**Provision (c):**

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be 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.

According to policy, staff involved in incidents of sexual abuse and sexual harassment will be strictly disciplined in accordance with the Juvenile Justice Commission's zero-tolerance toward all forms of sexual abuse and sexual harassment. Violations may result in formal discipline, up to and including dismissal. Violations of the Policy that do not involve sexual abuse or sexual harassment will be enforced in accordance with other Commission policies.

**Provision (d):**

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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Policy provides that terminations for violations of the facility's sexual abuse or sexual harassment policies or resignations by staff that would have been terminated if not for their resignation, will be reported to law enforcement, unless the activity is clearly not criminal. In addition, such will be reported to relevant licensing bodies. No staff member has been terminated for violating the facility's sexual abuse or sexual harassment policies during this audit period.

**Conclusion:**

Based upon the review of documentation and the interview, the Auditor determined the facility is compliant with this standard.

	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Document Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p><b>Interview:</b></p> <p>Superintendent</p> <p><b>Provision (a):</b></p> <p>Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>Any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. Policies also requires 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>Training materials and interviews 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. Interviews 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><b>Provision (b):</b></p> <p>The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Policy provides that the Superintendent will take appropriate remedial measures and consider whether to prohibit further contact with residents in the case of any violation of the sexual abuse and sexual harassment policies by a contractor or volunteer.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available documentation, the Auditor determined the facility is in compliant with this standard.</p>

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion****Documents Reviewed:**

Agency PREA Policy and Procedures

Fraternization Between Juveniles and Staff Policy and Procedures

Administrative Code 13:101-2.2; 2.3; 4.1

Resident Handbooks

**Interviews:**

Superintendent

Mental Health Staff

Medical Staff

**Provision (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.

An administrative process exists for dealing with violations and residents being held accountable for their actions. Residents may be subject to disciplinary sanctions only after formal proceedings regarding resident-on-resident sexual abuse. Residents found in violation of facility rules are subject to sanctions pursuant to a formal process.

The consequences will be administered through the administrative system, encompassing the behavior management system. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities and may result in charges being filed and the resident being removed from the facility when they may be criminal in nature. Sexual activity between residents is prohibited.

**Provision (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. In the event a disciplinary sanction results in the isolation of a resident, 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.

Disciplinary sanctions, applicable to the offense, are commensurate with the nature and circumstances of the offense committed; considers resident's disciplinary history; and considers similar disciplinary history of other residents. There is consideration of mental disabilities or mental illness contributing to the behavior. PREA related violations may result in charges filed and/or the resident removed from the program. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities. There were no allegations of sexual abuse or sexual harassment during this audit period.

**Provision (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.

In general, disciplinary and other processes consider whether a resident's mental disabilities or mental illness contributed to a resident's behavior regarding the application of disciplinary measures. Staff may examine a resident's behavior and disciplinary history when deciding disciplinary matters. Staff will consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, or removal from the facility should be imposed. However, a resident would be removed from the program following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse.

**Provision (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, but not as a condition to access to general programming or education.

The interview with the mental health staff confirmed the facility would consider whether to offer an offending resident, intervention services designed to address and correct underlying reasons or motivations for the abuse participation. The facility would not require participation in such interventions as a condition for participation in general programming or education or access to the behavior management system. Staff members and other contractors within the mental health area are equipped to develop treatment planning and interventions to address underlying reasons or motivations for the abuse with alleged victims and offending residents.

**Provision (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>A resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p><b>Provision (f):</b></p> <p>For the purpose of 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.</p> <p>Residents are not disciplined regarding the filing of complaints through the Request and Remedy process as provided in policy.</p> <p><b>Provision (g):</b></p> <p>An agency may, in its discretion, prohibit 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.</p> <p>Policy prohibits any sexual conduct between residents. All such conduct is subject to disciplinary action or removal from the facility as a rule violation. Referrals are made to the investigative entities and court processes occur after determination that the sexual activity was coerced.</p> <p>Conclusion:</p> <p>Based on the available evidence and interviews, the Auditor concluded the facility is compliant with the standard.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>PREA Policy and Procedures</p> <p>Health Services Policy and Procedures</p> <p>Vulnerability Assessment</p> <p>Intake Medical Screening</p> <p>Safe Housing Assessment</p> <p>Consent Forms</p> <p><b>Interviews:</b></p>

Medical Staff

Mental Health Staff

Residents

**Provisions (a) and (b):**

**Provision (a):** 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, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. **Provision (b):** 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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Policy and practice provide that a resident be referred to mental health or medical staff within 14 days if identified as having been a victim or perpetrator of sexual abuse. The interviews with clinical staff revealed that the issues are identified and addressed as soon as possible. The practice is residents are generally seen by medical and/or mental health staff on the same day of admission as part of the intake process and follow-up is provided as needed.

**Provision (c):**

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.

Policy supports that no information is to be shared with other staff unless it is required for security and management decisions regarding sexual victimization or abusiveness. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health staff.

**Provision (d):**

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.

Policy and the dedicated form address informed consent being obtained for residents 18 years or over prior to clinical personnel reporting information disclosed about prior sexual victimization that did not occur in an institutional setting. Clinical staff members understand the practice of informed consent as demonstrated in the interviews. The dedicated consent form was developed for the purpose of documenting consent from residents 18 years or older before reporting information

	<p>about prior sexual victimization that did not occur in an institutional setting.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>PREA Policy and Procedures</p> <p>Access to Care Policy and Procedures</p> <p>Resident Handbook</p> <p>PREA Checklist</p> <p>Memorandum of Understanding (MOU), New Jersey Court Appointed Special Advocate (NJCASA)</p> <p>Memorandum Re: SANE/SAFE Services</p> <p><b>Interviews:</b></p> <p>Mental Health Staff</p> <p>Medical Staff</p> <p>PREA Coordinator</p> <p><b>Provision (a):</b></p> <p>Resident victims of sexual abuse shall 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.</p> <p>The interviews and policy support the alleged victim will receive unimpeded access to emergency medical treatment, crisis intervention services, and advocacy services as soon as possible. The nature and scope of the clinical services are determined according to the professional judgment of the nurse or mental health clinician. Residents are informed of clinical services, meet with practitioners, and are provided services during the intake process and during their stay in the facility.</p>

The alleged victim will get services within the facility as well as timely services in the community. An alleged victim will be transported to the local hospital for a forensic medical examination after an allegation of sexual abuse. The examination will be performed at no cost to the victim by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). The PREA Checklist serves as a reminder of actions to take and provides for confirming the actions taken by staff and to document protocols were followed regarding the emergency situation. Medical and mental health staff members maintain secondary materials and documentation of encounters with residents.

**Provision (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 access to unimpeded access to emergency services, onsite and on-call. Policies provide guidance to staff in protecting residents and for contacting the appropriate staff and agencies regarding allegations or incidents of sexual abuse, including contacting treatment staff and investigative entities. A review of the documentation and policies; observations of the interactions among residents and staff during the comprehensive onsite review; and the interviews indicated unimpeded medical and crisis intervention services are available and will be available to an alleged victim of sexual abuse.

Staff training also prepare staff members to appropriately report sexual abuse, protect the alleged victim and notify the appropriate staff and investigative entities. Policy and written coordinated response plan, Staff Reference Guide, exist for protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff.

**Provision (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.

Processes and services are in place for an alleged victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Follow-up services, after an incident, may be provided by the facility's medical and mental health staff members to provide follow-up and support services as needed. The standard of care within the facility ensures the appropriate medical and mental health follow-up as needed, including but not limited to emotional support; medical assessments, , and outside referrals where indicated.

**Provision (d):**



	<p>Treatment services shall be 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.</p> <p>Treatment services will be provided to the victim without financial cost to the victim. The services will also be provided at no cost to the victim regardless of whether the victim names the abuser, or cooperate with any investigation arising out of the incident. A MOU exist with the statewide over-arching advocacy agency with a local agency being available to provide advocacy services upon request through hotline services. The statewide MOU is currently in review for the update of signatures facilitated by the PREA Coordinator.</p> <p><b>Conclusion:</b></p> <p>Based on the evidence reviewed and interviews, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p>Memorandum Re: SANE and SAFE Services</p> <p><b>Interviews:</b></p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>Superintendent</p> <p><b>Provision (a):</b></p> <p>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>The policy, coordinated response plan and interviews support that medical and mental health evaluation and treatment will be offered to resident victims of sexual abuse. The interviews supported that follow-up and ongoing assessment and treatment services will be provided as needed and advocacy services are also available. Additionally, Sick Call Request forms and posted locked box for the receipt</p>

of the forms are accessible to residents. Medical and treatment services are reviewed with residents during the admissions process and are included in the Resident Handbook.

**Provision (b):**

The evaluation and treatment of such victims shall 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.

Interviews and documentation of encounters confirm on-going treatment services will be provided as appropriate and will include but not be limited to treatment planning, assessments, clinical follow-up, and referrals as needed. The instructions contained in a discharge summary will be followed by the medical staff.

**Provision (c):**

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Review of policy, staff interviews and observations during the onsite review indicated medical and treatment services are consistent with the community level of care. Treatment services may be provided by facility staff and contract services if needed. The interviews and observations during the comprehensive onsite review emphasized the treatment services at the facility are consistent with the community level of care.

**Provision (d):**

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

The facility houses male residents only.

**Provision (e):**

If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

The facility houses male residents only.

**Provision (f):**

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The interview with the Nurse ensures that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. The tests may be conducted at the hospital as part of the medical examination. There have been no

	<p>allegations of sexual abuse during this audit period.</p> <p><b>Provision (g):</b></p> <p>Treatment services shall be 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.</p> <p>All treatment services will be provided at no cost to the victim whether or not the victim names the abuser or cooperates with the investigation.</p> <p><b>Provision (h):</b></p> <p>The facility shall 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.</p> <p>Residents may get a mental health evaluation at the agency's Classification and Intake Unit and/or be referred to the agency's Sexual Offender Classification Committee or other evaluation as determined by the mental health clinician.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.</p>
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115.386	Sexual abuse incident reviews
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>PREA Policy and Procedures</p> <p>Sexual Incident Review Form</p> <p><b>Interviews:</b></p> <p>Incident Review Team Member</p> <p>Superintendent</p> <p>PREA Compliance Manager</p> <p><b>Provision (a):</b></p> <p>The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been</p>

substantiated, unless the allegation has been determined to be unfounded.

The meeting of a sexual incident review team is required at the conclusion of an investigation, unless the allegation was unfounded. The interviews reflected an understanding of the role of the incident review team. A review of policy and the interviews confirmed incident reviews will be conducted regarding the investigation of an allegation of sexual abuse, unless unfounded. The policy describes a team, appointed by the Agency Head (Executive Director), consisting of upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. The interviews confirmed this premise and the function of the incident review team. There were no allegations of sexual abuse during this audit period.

**Provision (b):**

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

Policy requires that the review occurs within 30 days of the conclusion of the investigation. The interview with the Superintendent confirmed familiarity with the Policy. The interviews revealed knowledge of the purpose of the incident review process. There have not been any allegations of sexual abuse or sexual harassment during this audit period.

**Provision (c):**

The incident review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Policy and the interviews collectively identify members of the agency's incident review team, appointed by the Executive Director, as directed by Policy. The incident review team is comprised of upper-level management officials. There is input from line supervisors, investigators, and medical or mental health practitioners. The minutes of the incident review meeting for an allegation of sexual abuse, occurring in a Residential Community Home, will be documented.

**Provision (d):**

The review team shall:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

(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;

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

	<p>(4) Assess the adequacy of staffing levels in that area during different shifts;</p> <p>(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and</p> <p>(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.</p> <p>Policy and the Superintendent's interview collectively outline the requirements of the standard for the areas to be assessed by the incident review team. The interview and review of policy confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation.</p> <p>The minutes of the meeting will be recorded and the written report includes the assessment of the circumstances surrounding the incident and any recommendations for improvement. The incident review team meeting minutes will document that consideration is given in accordance with this provision of the Standard. The review team meeting minutes will be submitted to the Executive Director, facility's Superintendent and PREA Compliance Manager.</p> <p><b>Provision (e):</b></p> <p>The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.</p> <p>According to the Policy, the facility will implement the recommendations for improvement. The Executive Director or designee will document why the recommendations have or have not been implemented. The interviews revealed familiarity with the policy requirements. The incident review process allows for the assessment of the circumstances surrounding the incident.</p> <p><b>Conclusion:</b></p> <p>Based upon the review of Policy and other documentation and interviews, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p>

**Interview:**

PREA Coordinator

Superintendent

PREA Compliance Manager

**Provisions (a) & (c):**

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall 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.

The agency has developed a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice. The policy requires the agency to collect all data relating to PREA for every allegation of sexual misconduct which occurs in its state-operated facilities.

**Provision (b):**

The agency shall aggregate the incident-based sexual abuse data at least annually.

The data gathering instrument and other documents confirm the facility collects incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. A standardized instrument and specific guidelines and definitions are used to assist in identifying the data.

**Provision (d):**

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

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 and aggregates the data which culminates into an annual report. There were no allegations of sexual abuse during this

**Provision (e):**

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

Pinelands RCH does not contract with outside facilities for confinement of its residents.

	<p><b>Provision (f):</b></p> <p>Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>Policy states that upon request, the facility 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><b>Conclusion:</b></p> <p>Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding data collection.</p>
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115.388	Data review for corrective action
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p>Previous Reports</p> <p><b>Interviews:</b></p> <p>Agency Head</p> <p>PREA Coordinator</p> <p><b>Provision (a)-(d):</b></p> <p><b>Provision (a):</b> The agency shall 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:</p> <p>(1) Identifying problem areas;</p> <p>(2) Taking corrective action on an ongoing basis; and</p> <p>(3) Preparing an annual report of its findings and corrective actions for each facility, as well as this agency as a whole.</p> <p><b>Provision (b):</b> Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.</p> <p><b>Provision (c):</b> The agency's report shall be approved by the agency head and</p>

	<p>made readily available to the public through its website or, if it does not have one, through other means.</p> <p><b>Provision (d):</b> The agency may redact specific material from the reports when publications would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p>The interviews and policy support the review of data and that it be used to improve the agency's PREA efforts. The interviews and documentation revealed the collection of various types of data that is PREA related. Data is reviewed to assess and improve the effectiveness of prevention, detection and response to sexual abuse and sexual harassment within the agency. The data collected from the facilities is primary in the preparation of the annual report for the agency. The statewide PREA Coordinator reviews the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives. Policy states that an annual report will be prepared. A review of documentation confirms this practice.</p> <p>The annual report is approved as required by policy, per the interviews and a review of the reports for the previous years. The annual report reflects a comparison of the results of annual data. The annual report is accessible to the public through the agency's website. The practice is that no personal identifiers are included in the annual report. The reports go through a multi-level review process and the final review of the current report has just been confirmed as completed and a copy to be provided to the Auditor. The updated report will subsequently be placed on the agency's website as confirmed by the PREA Coordinator.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.</p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <p>Prison Rape Elimination Act (PREA) Policy and Procedures</p> <p>Previous Reports</p> <p><b>Interviews:</b></p> <p>Superintendent</p>



	<p>PREA Compliance Manager</p> <p><b>Provisions (a)-(d):</b></p> <p><b>Provision (a):</b> The agency shall ensure that data collected pursuant to §115.387 are securely retained.</p> <p><b>Provision (b):</b> The agency shall 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.</p> <p><b>Provision (c):</b> Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</p> <p><b>Provision (d):</b> The agency shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>Personal identifiers are removed from aggregated data before making the data publicly available. The annual report is available to the public through the agency website. A review of the posted annual reports and interviews verify there are no personal identifiers. The reports go through a multi-level review process and the final review of the current report has just been confirmed as completed and a copy to be provided to the Auditor.</p> <p>The updated report will subsequently be placed on the agency's website as confirmed by the PREA Coordinator. The PREA records and data collected are securely stored. Electronic records are password protected to prevent unauthorized dissemination. The data collected is maintained for at least 10 years. Related documentation in the facility was observed to be securely stored.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the documentation, interviews and observations, the Auditor determined the facility is compliant with this standard.</p>
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115.401	Frequency and scope of audits
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>PREA Reports</p> <p><b>Interviews:</b></p>

	<p>Superintendent</p> <p>PREA Compliance Manager</p> <p><b>Provision (f):</b></p> <p>The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</p> <p>The posted PREA reports do not contain any personal identifying information other than selected names and job titles. The facility policies and additional documentation; practices; and interviews with facility staff; and central office staff were reviewed regarding compliance with the standards and have been identified in this report.</p> <p>The audit findings were based on the triangulation of the data sources: review of policies, procedures, supporting documentation; observations; and interviews. There was no conflict of interest regarding the completion of this audit. This report does not contain any personal identifying information other than names and job titles of facility staff; statewide PREA Coordinator; and central office staff, including the Executive Director.</p> <p>The Auditor was provided complete access to the facility and observed all areas of the facility’s buildings and grounds. All relevant documents were provided online audit system and some documentation was reviewed onsite. 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. The facility has a process in place for sending and receiving mail, including confidential correspondence. No correspondence was received by the Auditor.</p> <p><b>Conclusion:</b></p> <p>Based on the evidence, the Auditor determined the facility is in compliance with this standard.</p>
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115.403	Audit contents and findings
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <p>PREA Reports</p> <p><b>Interviews:</b></p> <p>PREA Coordinator</p>

Superintendent

**Provision (f):**

The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.

The posted PREA reports do not contain any personal identifying information other than selected names and job titles. The facility policies and additional documentation; practices; and interviews with facility staff; and central office staff were reviewed regarding compliance with the standards and have been identified in this report.

The audit findings were based on the triangulation of the data sources: review of policies, procedures, supporting documentation; observations; and interviews. There were no conflicts of interest regarding the completion of this audit. This report does not contain any personal identifying information other than names and job titles of facility staff; statewide PREA Coordinator; and central office staff, including the Executive Director.

This facility was previously audited in 2020 and the Auditor confirmed the audit report was posted on the agency's website as is the practice with the agency. This report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The facility policies and other documentation were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation; interviews with staff, residents, and observations.

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	

	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
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	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	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	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
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	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.)	yes
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	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	yes

	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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	yes



	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?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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:	yes

	Residents who have speech disabilities?	
	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
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</b>		
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	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.)	yes
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	

	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
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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))	na
<b>115.331 (a)</b>	<b>Employee training</b>	
	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
<b>115.331 (b)</b>	<b>Employee training</b>	
	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	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

<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	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
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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
<b>115.333 (c)</b>	<b>Resident education</b>	
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	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
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	

	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	yes
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	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	yes

	the agency attempt to ascertain information about: Age?	
	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
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	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



<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	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
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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.	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

	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
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

	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
<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	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	yes

	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?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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	yes



	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: 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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</b>		
	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
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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	yes

	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?	
	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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes



<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	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

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	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	na

	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	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
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes



	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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