

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

☐ Interim ☒ Final

Date of Interim Audit Report: [Click or tap here to enter text.](#) ☒ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: September 24, 2021

Auditor Information

Name: Shirley L. Turner

Email: shirleyturner3199@comcast.net

Company Name: Correctional Management and Communications Group, LLC

Mailing Address: P. O. Box 370003

City, State, Zip: Decatur, GA 30037

Telephone: 678-895-2829

Date of Facility Visit: August 12-13, 2021

Agency Information

Name of Agency: New Jersey Juvenile Justice Commission

Governing Authority or Parent Agency: New Jersey Department of Law and Public Safety

Address: 1001 Spruce Street

City, State, Zip: Trenton, NJ 08691

Mailing Address: Same as Above

City, State, Zip: Same as Above

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Agency Website with PREA Information: www.njoag.gov/about/divisions-and-offices/juvenile-justice-commission-home

Agency Chief Executive Officer

Name: Dr. Jennifer LeBaron, Acting Executive Director

Email: jennifer.lebaron@jjc.nj.gov

Telephone: 609-292-1444

PREA Coordinator

Name: Karl Thomas, Director of Training

Email: karl.thomas@jjc.nj.gov

Telephone: 609-789-2829

PREA Coordinator Reports to: Dr. Jennifer LeBaron,
Acting Executive Director

**Number of Compliance Managers who report to the PREA
Coordinator:** 14

Facility Information

Name of Facility: Juvenile Female Secure and Intake Facility

Physical Address: 99 West Burlington Street

City, State, Zip: Bordentown, NJ 08505

Mailing Address: P. O. Box 307

City, State, Zip: Bordentown, NJ 08505

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Facility Website with PREA Information: www.njoag.gov/about/divisions-and-offices/juvenile=justice-commission-home

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Facility Administrator/Superintendent/Director

Name: Antar Simmons, Superintendent

Email: antar.simmons@jjc.nj.gov

Telephone: 609-324-6341

Facility PREA Compliance Manager

Name: Lt. Edward O'hara

Email: edward.ohara@jjc.nj.gov

Telephone: 609-324-6000

Facility Health Service Administrator ☐ N/A

Name: Nancy Martin, RN

Email: nancy.martin@jjc.nj.gov

Telephone: 908-453-2032

Facility Characteristics

Designated Facility Capacity:

48

Current Population of Facility:

6

Average daily population for the past 12 months:

8

Has the facility been over capacity at any point in the past 12 months?

☐ Yes ☒ No

Which population(s) does the facility hold?

☒ Females ☐ Males ☐ Both Females and Males

Age range of population:

16-21

Average length of stay or time under supervision	77 Days	
Facility security levels/resident custody levels	Medium	
Number of residents admitted to facility during the past 12 months	17	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	17	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	17	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	278 (campus-wide)	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	34 (campus-wide)	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	

Physical Plant

Number of buildings:

Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.

1

Number of resident housing units:

Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.

3

Number of single resident cells, rooms, or other enclosures:

26

Number of multiple occupancy cells, rooms, or other enclosures:

0

Number of open bay/dorm housing units:

1

Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):

0

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?

☒ Yes ☐ No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?

☐ Yes ☒ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	15
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	8 (facility-based)
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Juvenile Female Secure and Intake Facility, located in Bordentown, New Jersey serves as the intake and secure care unit for all juvenile females sentenced to terms of incarceration in New Jersey. The facility is a part of the New Jersey Juvenile Justice Commission (JJJ), New Jersey Department of Law and Public Safety. It is located on the Johnstone Campus where the JJC's most secure facilities are located. The Juvenile Female Secure and Intake Facility is located in the Hayes Building on the Johnstone Campus and provides a secure and structured environment for females committed to the JJC by the courts. The facility serves a population with an age range of 16 to 21.

The Prison Rape Elimination Act (PREA) Audit was conducted by Shirley Turner, certified US Department of Justice PREA Auditor. An associate assisted the Auditor with virtual interviews of supervisors and managers. The audit was attained and assigned to the Auditor by Correctional Management and Communications Group, LLC (CMCG) located in Minneola, Florida. There were no known existing conflicts of interest regarding the completion of this audit. There were no barriers in completing any phase of the audit; only a delay due to COVID-19 concerns. All parties involved adhered to the implemented safety measures. A PREA audit was previously conducted at the facility in 2018.

Scheduling considerations for virtual staff interviews with supervisors and managers were implemented out of an abundance of caution due to the spread of the global pandemic. Due to COVID-19 safety concerns, the interviews with administration, supervisors, and treatment staffs were conducted remotely which included video arrangements and in accordance with the written guidance from the PREA Resource Center. All residents and non-supervisory random staff were interviewed onsite. The virtual interviews were conducted by both the Auditor and CMCG associate on August 6, 2021 and the onsite review was conducted August 12-13, 2021.

Information about programs, services and activities conducted at the facility are provided on the parent agency website. Detailed information, specific to the facility, is found on the website, including but not limited to agency policy which contains information about how to report allegations; PREA reports; general PREA information; Third Party Reporting Form; and a link to the PREA Resource Center. The Policy, Third Party Reporting Form, and other PREA information may be accessed by the general public from the agency website.

Pre-Onsite Audit Phase

Key Processes and Methodology

The initial planning for the audit was conducted with the agency's Director of Training who also serves as the statewide PREA Coordinator, Karl Thomas; Cindy Mozee, Administrative Assistant to the Executive Director; PREA Auditor; and Flora Boyd, CMCG Senior Vice President of Program Reviews and Audits. There was initial and follow-up communication by the Auditor with Antar Simmons, facility Superintendent and Edward O'Hara, Correctional Police Lieutenant/PREA Compliance Manager. The methodology; interview schedules; goals and expectations of the audit process; access to staff members and residents; and onsite review plans were discussed with the Superintendent, PREA Compliance Manager, and PREA Coordinator. The Auditor provided the opportunity for questions and clarification of information as needed.

PREA documents were provided to the Auditor initially and as requested. Communication was maintained with the facility Superintendent, PREA Coordinator and PREA Compliance Manager throughout the phases of the audit process. All parties involved supported the use of the alternative method of virtual interviewing to reduce direct contact out of an abundance of caution in an effort to minimize anyone contracting or spreading the coronavirus. The interviews conducted during the pre-audit phase were conducted in a private setting for each interviewee and did not reveal any information that warranted further inquiry during the in-person onsite review. The facility staff members and residents were receptive to the alternative method for conducting the interviews. Many staff members were familiar with the PREA audit process, having participated in and/or aware of a previous PREA audit and through the implementation of the PREA Standards.

The PREA audit notice, provided by the Auditor through the PREA Coordinator, was copied and posted in various areas of the facility prior to the onsite audit phase. The pictures of the notices were taken in their various locations and emailed to the Auditor by the Correctional Police Lieutenant/PREA Compliance Manager. The audit notices were in a format that was easy to see and read and were posted at varying eye levels in public, common and restricted areas. The PREA Coordinator, Superintendent and PREA Compliance Manager ensured placement of the audit notices in areas where they could be seen by residents, staff, contractors and any visitors to the facility.

During the onsite phase of the audit, the posted notices were observed to be strategically posted, accessible to residents, staff, contractors and any visitors during this time period. The notices contained the Auditor's contact information and information regarding confidentiality of information. The completion of the audit during this audit period was questionable due to COVID-19 concerns and caused a delay in the audit notices being posted. The notices remained posted for additional days after the onsite audit to ensure the amount of time required for submitting information to the Auditor by any residents and/or staff. No correspondence was received by the Auditor from staff or residents during any phase of the audit and there is a process in place to ensure confidential communication by residents. Verification of the posted notices was made by pictures emailed to the Auditor; observations

during the comprehensive site review; and as indicated through the interviews conducted with some of the residents and staff.

The completed PREA Pre-Audit Questionnaire, agency and facility policies and procedures, and supporting documentation were uploaded to a flash drive and mailed to the Auditor. The documentation on the flash drive was organized by each standard. This information was received by the Auditor prior to the comprehensive onsite review. An assessment was conducted of the information and the Auditor conducted a review with the PREA Coordinator and PREA Compliance Manager regarding additional information to be provided.

The Auditor provided a document to the PREA Coordinator that was shared with the Superintendent. The document, "Information Requested to Determine Staff and Residents to be Interviewed During the On-Site PREA Audit," assisted in the development of the interview schedule. The document which was completed and returned to the Auditor, requested shift assignments; identification of staff members who served and performed in specific PREA related specialized roles; and volunteers and contractors who have contact with residents. The Auditor requested, through the interview document, a list of direct care/custody staff and their scheduled shifts, supervisors, managers, and a current resident population roster.

The written request included information regarding residents who may be in vulnerable categories such as disabled; limited English proficient; intersex, gay, bisexual and/or transgender residents; and residents housed in isolation. The information regarding the residents and staff was made available to the Auditor prior to the onsite audit phase and contributed to finalizing the interview schedules. Staff for virtual and onsite interviews were randomly selected by the Auditor based on the interview requirements. The interview schedule was developed by the Auditor with input from the Superintendent and PREA Compliance Manager where clarity of information was needed. The areas where staff interviews occurred were observed during the onsite review. Some staff was asked during the onsite audit phase, if there was any additional information they wanted to share; no additional information was provided regarding the interview.

The Auditor communicated with the Superintendent and PREA Compliance Manager to confirm the interview and onsite review schedules. Assistance was provided to the Auditor in clarifying specialized PREA roles. There was collaboration in efforts to identify residents in vulnerable categories; one resident was identified in a vulnerable category. There were six residents in the facility on the days of the onsite review and five of the six were interviewed. One resident was not interviewed due to recovering from a crisis situation and being on one-on-one supervision status. The Auditor solicited and received input from the PREA Compliance Manager regarding any challenges in the availability of residents and staff for the onsite and virtual interviews.

The Auditor continued to review the documents provided initially on the flash drive and subsequently by email and conferred with the Superintendent, PREA Compliance Manager and PREA Coordinator for clarity of information as needed. Interviews with residents and staff were conducted to ensure the triangulation of data which includes review of policies, procedures and other documents; observations; and the information gleaned from interviews.

Once the interview schedules were developed and provided by the Auditor, all interviews (virtual and onsite) were conducted objectively and none of the interviewees were coerced to participate.

The PREA Compliance Manager and PREA Coordinator provided information that assisted with the following determinations and interview selections:

Information	Comments
Resident Roster	Provided
Youthful Inmates/detainees	NA
Residents with Physical Disabilities	None Identified
Residents who are Limited English Proficient	None Identified
LGBTI Residents	Identified
Residents in segregated housing	NA
Residents in Isolation	None Identified
Residents who reported sexual abuse	None Identified
Residents who reported sexual victimization during risk screening.	None Identified
Residents with Cognitive Disabilities	None Identified
Staff Roster	Provided
Specialized Staff	Provided
Contractors/Volunteers that have contact with residents.	Provided; No volunteers in facility at this time due to COVID-19 concerns.
All grievances/allegations made in the 12 months preceding the audit.	Identified
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit.	Provided
Hotline calls made during the 12 months preceding the audit.	None

The agenda for the site review was reviewed by the Auditor with the Superintendent, PREA Compliance Manager and PREA Coordinator and there were no concerns. The onsite audit phase was conducted in a manner that was as non-intrusive as possible where these actions did not interfere with the completion of the onsite review while also providing consideration due to COVID-19 concerns. The site review included taking the paths that residents take within the facility and areas where residents may go only with staff supervision and areas where residents are not allowed.

Onsite Review

Key Processes and Methodology

A sign-in process for visitors entering the campus was completed at the main check-in site upon arrival. An entrance meeting was held with the Superintendent, Antar Simmons and Correctional Police Lieutenant/PREA Compliance Manager, Edward O'Hara. The comprehensive onsite review of the facility was conducted by Lt. O'Hara at the conclusion of the entrance meeting. The onsite comprehensive review on the first day and second day

included observations of all areas of the building. The areas examined included the front entrance and reception area to the facility; offices; medical clinic; multi-purpose rooms, classrooms; dining hall; housing units; bathrooms; showers; laundry room; storage areas; computer labs; gym/physical education area; and control room. During the two days, staff members were observed interacting with residents during regular activity, individual sessions, and providing constant watch/one-on-one supervision to a resident; the staffing ratios were met.

Printed notifications of the PREA site visit were observed posted in the areas previously identified in the pictures sent to the Auditor, visible to residents, staff, contractors and visitors. The notices contained large enough print to make them noticeable and easy to see and read and were observed posted in the common areas. The staff and residents stated that male staff announce their presence upon entering the housing area. The facility has good signage; PREA related posters are located everywhere on the campus. There are various signs posted in prominent and obscure areas. It is clear where residents are allowed, not allowed, and where residents are allowed only with staff supervision. There are posters that inform sexual safety is practiced and encourage residents to report any allegations of sexual abuse and sexual harassment.

Each resident receives PREA education and printed PREA information materials during the admissions process. Posted information includes instructions on accessing assistance; Request and Remedy Forms; Request and Remedy-PREA Complaint Forms; and Sick Call Request Forms; locked receptacles for completed forms; hotline telephone numbers; and safety information posters regarding sexual abuse and sexual harassment. A staff member cannot impede a resident's use of the telephone to access services to report allegations or request victim advocacy services. Instructions for the use of the telephone to access an agency are posted on the wall at the telephone.

Forensic medical examinations will be conducted at the local hospital by a qualified medical practitioner. Victim advocacy services will be accessible through the agency, CONTACT for Burlington County. A Memorandum of Understanding (MOU) exists between the Juvenile Justice Commission (JJC) and the New Jersey Coalition Against Sexual Assault (NJCASA). The MOU provides that NJCASA, the overarching agency, 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 the facility developing a MOU with the local rape crisis center.

The available advocacy services were confirmed by the hotline operator, Superintendent and PREA Compliance Manager. Victim advocacy services for a resident may be a response to an alleged victim due to contact for advocacy services by the resident, facility staff or an investigative entity. The community support interview/test call regarding advocacy services was conducted by the Auditor during the onsite Audit Phase.

During the onsite comprehensive review, facility staff answered questions regarding resident activities, staff duties and service delivery. The discussions included but were not limited to the intake process; daily schedule; treatment services; medical process; supervision levels; regular

and alternative methods of communication with parents/guardians and attorneys; staffing ratios; recreation activities; visitation; shower and bathroom procedures; and other processes and program services. Residents have access to writing materials as observed and determined from the interviews with residents and staff. The onsite review revealed that cameras are strategically placed in and outside of the facility to supplement supervision by providing increased visibility and a view in identified blind spots.

Sensitive information on computers is password protected and residents' confinement records are maintained in a secure manner. Request and Remedy Forms and other forms and locked receptacles for the forms are posted and accessible to all residents. Each resident receives a handbook which can be accessed in Spanish and other languages as needed. The PREA information is also posted and provided in Spanish.

Investigations

Sexual abuse and sexual harassment allegations are investigated by the 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, Division of Child Protection and Permanency (DCP&P). All of the reporting information is posted and provided to residents and staff. The posted information includes the DCP&P hotline for reporting allegations of sexual abuse.

There was one allegation of sexual abuse and five allegations of sexual harassment as determined from interviews and document review. All allegations were investigated by the JJC Office of Investigations. The sexual abuse allegation was staff-on-youth and was determined unfounded. There were three youth-on-youth allegations of sexual harassment which were determined unsubstantiated. Two staff-on-youth allegations of sexual harassment were determined unfounded.

Interviews

The interviews with residents and staff assisted in understanding and confirming the facility's practices. The interviews with residents assisted in determining their knowledge about the facility's efforts to keep them safe from sexual abuse and sexual harassment. The responses from the residents and staff during the interviews confirmed that PREA education and training exist in the facility. Two hundred seventy-eight staff members are employed campus-wide who may have contact with residents.

The custody (random staff) staffing pattern provides for a master schedule which encompasses the entire Johnstone Campus and the individual facilities located on the Campus. The staff assigned to each facility per each schedule is based on the assigned posts, size, population characteristics, number of residents; and PREA ratios, considering the entire Campus. There is no dedicated custody or random staff for a particular facility.

A total of six residents were in the facility on the days of the onsite review. Five residents were interviewed; one was identified in a vulnerable category. One resident was not interviewed due

to requiring constant/one-on-one random staff supervision status. The methodology in the PREA Auditor Handbook was considered for determining and conducting the resident interviews.

Twelve custody staff members were interviewed covering all shifts. Eleven individual specialized staff members, including statewide positions, were interviewed based on their job duties related to the PREA roles, including two contractors. However, 14 interview protocols were used due to some staff members serving in more than one specialized PREA role. The Superintendent was interviewed in the roles of Superintendent, Retaliation Monitor and Incident Review Team Member, however the interview as Superintendent was not counted as specialized staff. The Correctional Police Lieutenant was interviewed as the PREA Compliance Manager and as Intermediate Staff; the role of PREA Compliance Manager was also not counted in the specialized staff category.

The Superintendent and PREA Compliance Manager ensured all resident and staff interviews were conducted in private and residents were not coerced to participate in the interviews. The virtual interviews were conducted in the privacy of offices which was verified during the onsite review. The areas where the virtual interviews were conducted were observed for privacy. Some of the staff encountered from the virtual interviews were identified during the onsite review and did not provide additional information. The two contractors interviewed provide medical and mental health services. The mental health contractor provides services to several JJC facilities. The Superintendent and PREA Compliance Manager managed the accessibility of staff and residents for the onsite interviews.

All interviews conducted were voluntary by the selected participants and there was no coercion. The interviews with residents and staff assisted in obtaining information regarding processes, job responsibilities, program services, and service delivery. None of the interviewees appeared surprised by the interviews with the PREA subject matter and were aware of program operations and zero-tolerance of sexual abuse and sexual harassment.

The following staff interviews were conducted:

Category of Staff	Number of Interviews
Medical Staff	1
Mental Health Staff	1
Administrative (Human Resources) Staff	1
Intermediate or Higher-level Facility Staff (Unannounced Rounds)	1
Contractors Who Have Contact with Residents	2
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Intake Staff	1
Investigator	2
Agency PREA Coordinator	1
Agency Head	1
Number of Specialized Staff Interviews	14

Number of Random Staff Interviews	12
Category of Staff	Number of Interviews
Total Random and Specialized Staff Interviews	26
Total Interviews (including Superintendent and PREA Compliance Manager)	28

The community support interview was conducted by telephone during the onsite review audit phase with the hotline operator for advocacy services. The interview confirmed the accessibility of advocacy services to residents. The interviews with the residents revealed their knowledge about how to access agencies to report allegations and request assistance as a result of such.

Document Review

The Auditor received documentation for each standard as part of the pre-onsite audit phase data gathering process. Additional documentation was provided as requested. The PREA Pre-Audit Questionnaire, facility policies and procedures and supporting documentation were reviewed by the Auditor. Communication was maintained with the Superintendent, PREA Compliance Manager, and PREA Coordinator throughout the audit process.

Supporting documentation reviewed included but was not limited to various forms documenting service delivery and activities such as vulnerability assessments; PREA education and training materials; training certificates; training and other logs; evidence of unannounced rounds; coordinated response plan; PREA related written communication; annual staffing plan assessment; Memorandum of Understanding; Request and Remedy Form; Request and Remedy-PREA Complaint Form; Sick Call Request Form; staff schedules/staffing plan; personnel documents; and organization charts; investigation reports; and Notification to Juveniles form. PREA training/education for staff and residents is cumulatively documented by training logs, sign-in sheets, acknowledgement statements; training materials; certificates; policies and procedures; and the PREA Pre-Audit Questionnaire.

Agency policy provides that the locked box for the Request and Remedy Forms be checked daily by the Superintendent, Assistant Superintendent or Shift Coordinator with the exception of weekends and State holidays. It was shared by staff that the intent of this section of the Policy is to limit access by staff members and to ensure the collection and relaying of the documents to the proper authority without interference. The other ways of reporting are prominently displayed and the resident interviews revealed knowledge of the various reporting methods. However, it is recommended that a practice be developed for the locked box to be checked daily, including weekends and holidays, and the Policy be revised to reflect the practice.

Exit Meeting

An exit meeting was held by the Auditor with the Superintendent and Correctional Police Lieutenant/PREA Compliance Manager at the conclusion of the site review. The exit meeting served to review the process and provided the Auditor the opportunity to share notes and observations. The staff was given the opportunity to ask additional questions about the audit

process and provided the timelines regarding the delivery of interim and final reports as determined at the conclusion of the audit process.

Post Onsite Review Phase

Key Processes and Methodology

Additional documentation was provided to the Auditor by the PREA Compliance Manager and agency staff to support compliance findings. Additionally, the revised PREA Policy was provided to the Auditor by the PREA Coordinator. A corrective action was implemented by the agency regarding the search section of the PREA Policy. It has been revised for clarity and alignment with staff training regarding searches of transgender and intersex youth.

Communication was maintained with the facility Superintendent, PREA Compliance Manager and PREA Coordinator during all phases of the audit. Observations, review of documentation and consideration of all interviews verified the standards were met. The final report was concluded and submitted to the statewide PREA Coordinator for subsequent delivery to the facility.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Juvenile Female Secure and Intake Facility is located in Bordentown, New Jersey. It is a 48-bed facility which provides services to female juvenile offenders. It is also known as Hayes since it is located in the Hayes Building on the Johnstone Campus which contains the agency's most secure facilities. The facility provides intake services and a secure and structured environment for females committed to the JJC by the courts. It is the only secure facility in New Jersey that provides education, treatment and custody for committed juvenile females.

The primary function of the Female Secure Care and Intake Facility is to provide incentives and prepare the juvenile female for a less restrictive environment. The facility provides a gender specific program to address the special needs of the juvenile female population. Programming components include a wide variety of academic instruction, physical fitness and health classes and vocational training including cosmetology and graphic arts. Additional services include but are not limited to: medical; dental; mental health; individual and group counseling; substance abuse treatment; work opportunities; and religious services.

The mental health and medical services are accessible 24/7 which include onsite and on-call services. Medical and mental health services are contracted through Rutgers University. Routine medical services are provided onsite by nursing staff. The residents have access to visits by a Nurse Practitioner and visits by a physician where indicated. Residents may be seen by the Nurse with a reasonable amount of privacy. Residents receive medical and mental health screenings during the intake process and services throughout their stay. All residents have access to the Sick Call Request Forms and to the Nurse.

Licensed mental health clinicians provide mental health services to the residents. General counseling services are also available on a group and individual basis. Mental Health and Medical Services may be accessed through the use of the Sick Call Request Form; contact through a staff member; or regular interaction between treatment staff and residents. Residents are informed of medical and mental health services as a part of the admissions process.

Custody staff primarily provide direct supervision to residents and Youth Care Workers provide support services. The staff to resident ratio was observed to be met in all areas of the facility during the comprehensive onsite review. The camera system supports the direct supervision provided by staff. The cameras are strategically placed for increased visibility especially for identified blind spots. The camera system and functions were demonstrated by the staff member managing the control room.

The facility consists of a primary building that contains a basement, main floor and second level. The basement area contains storage areas and access is limited to custody supervisors. The building contains three housing units however one unit is currently closed. The building also contains classrooms; dining area; kitchen; offices; laundry rooms; storage room; computer labs; conference room/library; intake area; and gymnasium/physical education area. There is a building across the street where all visitors check in and get the COVID-19 safety screening. The primary entrance in the front of the Hayes building is also a reception area where visitors are received. The gymnasium and outside grounds can accommodate a variety of large muscle and leisure activities. A telephone that accesses the sexual abuse hotline and an advocacy agency is located on the main floor and all housing units.

There has been an upgrade to the shower curtains used in the facility. Prior to the completion of this report, the facility replaced shower curtains with a curtain that has the transparent pane located higher on the curtain which is more suitable for females, improving the privacy of residents during showers. There is an outside door to the showers, separating the shower from the unit hallway. Use of the bathroom and showers is supervised by staff and showers are conducted one at a time. All residents interviewed stated that male staff members verbally announce their presence upon entering the housing areas. During the onsite review, the verbal announcement was utilized to inform the residents that a male was entering the housing area. Signs are posted as a reminder to the male staff to announce their presence when entering a housing unit.

Residents have the opportunity to communicate with approved family members or others. Telephone and video calls and visitation are permitted. Residents have the opportunity to communicate with legal representatives in private. They are also allowed to write letters. The interviews, review of Resident Handbook, observations during the comprehensive site review, and informal discussions with staff confirmed that residents are afforded access to others who do not work at the facility. Third-party reporting information is available and accessible to visitors, residents, contractors, and employees through the posting of the hotline numbers and information contained on the facility's website.

The program has a behavior management system which is also used to assist in changing a resident's behavior. The system rewards residents for making good choices. The incentive-based rating system is designed as a tool to hold residents accountable for negative behavior and reward residents for positive behavior. Residents are also provided the opportunity to learn positive ways of dealing with stressful situations and ultimately transition back to their local communities.

There is a host of management, supervisory and support staff who are involved in processes and activities that contribute to the facility operations. Documentation and staff and resident interviews confirmed the provision of the programs and services described. Observations during the site review revealed adequate space for conducting the programs and services described and visitation. Facility staff works cooperatively with local academic institutions, the judiciary, and other agencies to improve re-entry in a resident's community.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.311: Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- 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 ☐ No

115.311 (c)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02 (2020), Prison Rape Elimination Act (PREA)
Agency Organization Chart
Campus Organization Chart

Interviews:

PREA Coordinator
Superintendent
Correctional Police Lieutenant/PREA Compliance Manager
Random Staff
Residents

Provision (a):

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.

The agency's PREA Policy provides guidance to staff regarding the facility's approach to preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. It identifies and addresses conduct that violates the zero-tolerance approach regarding all forms of sexual abuse and sexual harassment. Definitions of prohibited behaviors of sexual abuse and sexual harassment are contained in the Policy and include that staff who participate in the prohibited behaviors will receive strict discipline. According to the Policy, dismissal is the presumptive disciplinary sanction for any staff member who engages in sexual abuse or sexual harassment of a resident.

Staff training, resident education, and intake screening assist in detecting sexual abuse and sexual harassment. The Policy includes responding to sexual abuse and sexual harassment through prevention; responsive planning; training and education; reporting; investigations; medical and mental care; assessments; disciplinary sanctions for residents and staff; and data collection and review. The staff and resident interviews confirmed knowledge of the zero-tolerance Policies regarding sexual abuse and sexual harassment.

Provision (b):

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.

The agency's Director of Training serves as the statewide PREA Coordinator and reports directly to the Acting Executive Director. He has knowledge of the standards and their implementation and the audit process. The PREA Coordinator collaborates with the facility Superintendent and PREA Compliance Manager regarding PREA related issues as needed. The Policy provides for the identification of a PREA Coordinator. The interview with the PREA Coordinator and observations and other interviews revealed authority to develop, implement and oversee the PREA initiatives and efforts of the agency.

Provision (c):

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.

The Correctional Police Lieutenant has been designated as the PREA Compliance Manager due to his background and experience. The interview indicated he has the time to fulfill the PREA duties and it was determined that he has the authority required to fulfill those duties. Interviews conducted with staff revealed their awareness of the role of the PREA Compliance Manager. Observations confirmed he has the support of the Superintendent and other facility staff. The Superintendent and PREA Compliance Manager collaborate in the PREA efforts as determined from interviews, observations, review of documentation and communication between the Auditor and PREA Compliance Manager. Agency Policy provides for the designation of a PREA Compliance Manager.

Conclusion:

Based upon the review and analysis of the available evidence, interviews, and observations, it was determined there is compliance with this standard.

Standard 115.312: Contracting with Other Entities for the Confinement of Residents**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.312 (a)**

- 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.) ☐ Yes ☐ No ☒ NA

115.312 (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".) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Provision (a) and (b):

Provision (a): 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.

Provision (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Interview:

PREA Coordinator

The New Jersey Juvenile Justice Commission does not contract with other facilities for the confinement of its residents.

Conclusion:

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

Standard 115.313: Supervision and Monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? ☒ Yes ☐ No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA

115.313 (c)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☐ Yes ☒ No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes
☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, 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
☐ No

115.313 (e)

- 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 ☐ No ☐ NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED: 01.02
 Agency Policy 14ED:01.29, Development of Post Plans in Secure Facilities
 New Jersey Administrative Code
 Memorandum from Captain to Custody Staff Supervisors
 Staff Schedule/Staffing Pattern
 Campus Staffing Plan
 Annual Staffing Assessment
 Unannounced Rounds Forms

Interviews:

Superintendent
 Correctional Police Lieutenant/PREA Compliance Manager

Provision (a):

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 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.

The Policy, Procedures and Staff Schedule/Staffing Pattern 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 custody staff and supported by other program staff. The number of staff may be adjusted as needed due to program activities, dynamics of population or other relevant factors. The Superintendent ensures the ratios are met.

Provisions of the standard are taken into consideration regarding adequate staffing levels and the onsite review and interviews revealed the staffing ratios are maintained. The work schedules are based on the facility's staffing plan and the levels of supervision required for each resident. Collaboration and review of the work schedules occur on a regular basis. In addition to program activities and special needs of residents, the shift schedules are made regarding the considerations that ensure adequate shift coverage including standard security practices which take into account composition of the resident population, inclement weather, and emergencies.

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 facility reports no deviations from the staffing ratios in the past 12 months. A coordinated effort was described in maintaining the required staffing ratios. The operations of the Johnstone Campus provide for a process where staff may volunteer for overtime or be assigned overtime by a supervisor. The management staff understands and are prepared to document any deviations from the staffing requirements. The effectiveness of the work schedules, based on the staffing plan requirements, are monitored. The staffing plan, Superintendent and supervisors ensure the PREA ratios are met. The Campus' staffing practices provide for additional staff for days and times when increased staffing is required.

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.

Staffing ratios for the facility are provided primarily by the custody staff. The security practices and policies ensure the PREA ratios of 1:8 during the waking hours and 1:16 during the sleeping hours, as confirmed by the interviews with the Superintendent and PREA Compliance Manager. The staffing practices provide for routine and minimum staffing and ensure the PREA ratios are met. The ratios were discussed and observed for and met during the onsite review. Staff members provide observation of residents and were observed providing direct supervision and interacting with residents appropriately. The average daily population for the last 12 months is eight. The facility is not involved in any lawsuits or consent decrees.

Provision (d):

Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Compliance Manager 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.

On May 24, 2021 a Secure Care Staffing Plan Meeting was conducted and included the Superintendent; JJC Director of Training; Deputy Executive Director of Operations; Special Projects Manager; and other facility Superintendents. The meeting minutes document reviews of service areas that include but not limited to the following:

- generally accepted juvenile detention and correctional/secure residential practices;
- any findings of inadequacy from internal or external oversight bodies;
- number and placement of supervisory staff;
- composition of resident population;
- review of other areas related to adequate supervision, including blind spots;
- prevalence of substantiated or unsubstantiated incidents of sexual abuse; and
- all components of the physical plant, including blind spots or areas where staff or residents may be isolated.

The review considers any adjustments that need to be made through input from the attendees. The annual assessment documents the summarization of the review. The report reflected that no corrective actions were recommended.

Provision (e):

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.

Policy provides for the occurrence of unannounced rounds, tour reports, that are conducted by intermediate supervisors and officers. This practice is supported by interviews and a Memorandum from the PREA Compliance Manager to staff conducting the unannounced rounds. Documents show the rounds are made at various times. Forms are used which records the areas visited and any pertinent comments. The interviews and review of documentation and Policy confirmed the unannounced rounds occur.

The unannounced rounds are conducted throughout the facility to identify and deter sexual abuse and sexual harassment. The staff is not informed of when the rounds will occur and they are provided for in the PREA Policy. Staff members are prohibited from alerting other staff when the rounds are occurring. The rounds are also conducted to ensure proper routines are being followed. The facility reports there were no deviations from the staffing plan.

Conclusion:

Based upon the review and analysis of the available evidence and the staff interview, the Auditor determined the facility is adhering to this standard.

Standard 115.315: Limits to Cross-Gender Viewing and Searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- 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 ☐ No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? ☒ Yes ☐ No ☐ NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches? ☒ Yes ☐ No

115.315 (d)

- 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 ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No
- 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 ☐ No ☐ NA

115.315 (e)

- 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 ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.315 (f)

- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02, PREA
 Agency Policy CP:09.07, Search Plan
 Agency Cross Gender Search Procedures
 New Jersey Administrative Code
 Training Curriculum
 Reminder Memorandum to Staff

Interviews:

Random Staff
 Residents
 PREA Coordinator

Provision (a):

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.

Cross-gender strip searches and cross-gender viewing of undressed juveniles are prohibited, except in an emergency situation and must be documented. Policy, New Jersey Administrative Code, and staff training provide guidance to staff on how the searches are to be conducted. The practice is that cross-gender searches are not conducted as supported by the interviews. The Administrative Code provides for the circumstances and conditions of searches. The PREA Policy states searches are aligned with the Administrative Code which provides for body cavity searches to be conducted at the emergency

room. There is no evidence of cross-gender searches of any type occurring at the facility in the last 12 months. Based on the review of the Pre-audit questionnaire and according to the interviews, cross-gender searches have not been conducted at the facility during the past 12 months.

Provision (b):

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

Policy does not support staff conducting cross-gender pat-down searches, except in emergency circumstances, as also confirmed by the interviews. All searches must be documented. Responses from staff included the practice is that female staff conduct searches. The training materials and interviews reveal that staff receive training on how to conduct searches, including cross gender pat-down searches. Staff participation in the training is documented. Staff interviews confirmed awareness of how to conduct searches.

There were no residents or staff that reported the occurrence of any cross-gender searches. According to the Administrative Code, cross-gender searches may occur only during an emergency when authorized by the Superintendent, Assistant Superintendent, or the highest-ranking custody supervisor. The reason for requesting the search and the authorization of the search must be in writing. The evidence shows cross-gender pat-down searches have not occurred at the facility during the last 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.

Cross-gender strip and cross-gender visual body cavity searches are prohibited except in emergency situations and must receive prior approval from the Superintendent, Assistant Superintendent or highest-ranking custody supervisor. Policy provides for documenting the occurrence of the searches. The Administrative Code provide that strip searches be conducted in a professional and dignified manner with the maximum amount of courtesy and respect shown to the resident. All interviews confirmed that no cross-gender searches have occurred at the facility during this audit period. Staff members are aware of the requirement to document all searches.

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.

The shower and use of bathroom rules were explained by staff during the comprehensive onsite review and interviews confirmed one shower occurs at a time. Observations revealed shower curtains for all shower stalls. However, the curtains had a long see-through top area, better designed for males rather than females. The curtains were removed during the post audit phase and replaced with curtains more suitable for female bodies with a higher see-through frame where staff can still see the resident's upper body with less exposure. The Auditor was provided pictures of the new curtains after they were hung over the stalls. The new curtains provide residents with additional privacy while in the shower. All shower areas have a door which is kept closed.

The residents stated that male staff announce their presence upon entering a housing unit. Signs are also posted reminding male staff to announce their presence upon entering the housing units. The practice of opposite gender staff announcing their presence was confirmed by the random staff interviews and observations during the onsite review. Hygiene practices are performed with the expectations of reasonable privacy for each resident.

Provision (e):

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.

Policy and staff training prohibit the search of transgender or intersex residents solely for the purpose of determining the resident's genital status. Staff interviews verified no such searches have occurred or would occur at the facility. Staff received the training on conducting searches, including searches of transgender and intersex youth. Staff interviews confirmed they are aware that Policy prohibits staff from conducting a physical examination of transgender or intersex youth solely for the purpose of determining the resident's genital status. When the genital status of a resident is unknown, learning this information would be part of a broader medical examination conducted by a medical practitioner in private, when it is not obtained during conversations and review of medical records.

Provision (f):

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.

The training curricula for staff provides information on conducting cross-gender pat-down searches and searches of transgender and intersex youth and supported by the staff interviews. The interviews and training materials indicate the provision of search techniques consistent with security needs. The training materials and interviews indicate staff receive the training. No such searches have been conducted during the past 12 months.

A corrective action was implemented by the agency regarding the search section of the PREA Policy. It has been revised for clarity and alignment with staff training and the agency practice for searches of transgender and intersex youth.

Conclusion:

Based on the reviewed documentation and interviews, the Auditor determined compliance with this standard.

Standard 115.316: Residents with Disabilities and Residents Who Are Limited English Proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No
- 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 ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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: Are blind or have low vision? ☒ Yes ☐ No

115.316 (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 ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
 Memorandum of Procedures to Request a Translator
 Agency Letter Re: Support Services
 Memoranda from Campus Superintendent Re: Support Services
 Printed PREA Materials in Spanish

Interviews:

Acting Executive Director
 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.

The appropriate education and other bilingual staff will provide services for residents with disabilities, including those who may be blind, have low vision, limited reading skills, or otherwise disabled. A letter on agency letter head outlines the accommodations available through the social work and education staffs. The education unit has qualified staff with the educational background to modify/adapt information for all residents to understand. The memorandum from the Campus Superintendent to all staff outlines the process for obtaining an interpreter. The name of the provider and telephone number are contained in the memorandum.

Residents are assured an 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. Residents are not used as readers or interpreters, confirmed by staff interviews. Assistance may also be provided by the treatment staff to ensure all residents' understanding of the PREA information. Posted and other PREA information is in English and Spanish. Reporting information is posted on the housing units and in all areas of the facility.

Provision (b):

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.

Each resident has an 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. PREA information is accessible to residents in English, Spanish and other languages are obtainable where indicated. The facility is capable of providing access to support services for preventing, detecting, and responding 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. Telephonic interpreter services exist for obtaining language interpreter services.

Provision (c):

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.

Resident readers and resident interpreters are not used. The facility documents that there is access to services. The education unit, other staff, and prior arrangements for interpreter services have the capabilities to provide support services. Information regarding reporting allegations of sexual abuse and

sexual harassment is posted and accessible in both English and Spanish. The facility has the resources available to get the PREA information translated and printed in additional languages as needed, in accordance with Policy.

Conclusion:

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

Standard 115.317: Hiring and Promotion Decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No

115.317 (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 ☐ No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- 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 ☐ No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local laws, makes 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 ☐ No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.317 (e)

- 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 ☐ No

115.317 (f)

- 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 ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.317 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
 Agency Policy 12H-7.1, Hiring Practices-Employment Verification
 Agency Policy 12H-5.1, Promotional Appointment Procedures
 Agency Policy 12H-7.1, Hiring Practices-Employment Verification
 Agency Policy, 14HR:07.02A, Periodic Criminal History Checks: Employees, Volunteers, Interns and Contractors
 PREA Background Check Verification Reports
 Application for Employment
 Request for Background Information Form
 Child Abuse Record Information Form

Interviews:

Human Resources Manager II
 Supervisor, Information Technology Unit

Provision (a) & (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.

Provision (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.

The Policies collectively address hiring and other personnel matters, including and not limited to background checks. The background checks occur initially and every five years thereafter. The personnel files including the completed background checks and hiring documents are maintained electronically. The background checks include fingerprints; state and national screenings; and child abuse registry checks. The PREA Background Check Verification Reports were reviewed confirming completion of initial and periodic background checks. Through the pre-employment process, applicants are asked to verify, the following information which supports the background screening information packet:

- Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- 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,
- Been civilly or administratively adjudicated to have engaged in the activity described above.

The interviews and a review of Policies provide details about the hiring process, completion of background checks, and grounds for termination or disqualification. The forms are completed and included in the personnel files and are responsive to the provisions of this standard. All applicants are asked about any prior misconduct involving any sexual activity utilizing the Request for Background Information Form during the pre-employment period. The documentation, interview and Policies support that the facility does not hire anyone who has engaged in sexual abuse or anyone who has used or attempted to use force in the community to engage in sexual abuse. This documentation is a part of the personnel records and the required information for conducting the background checks.

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 Policies support that the facility does not hire or promote anyone who has been civilly or administratively adjudicated or have been convicted of engaging in or attempted to engage in sexual activity by any means. The interview was aligned with the standard and the documentation provides that inquiries made during the pre-employment process regarding previous misconduct.

Policy and the interview indicate the agency considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with residents. No applicant will be considered for employment if a background check reveals any history of inappropriate sexual behavior or arrest for inappropriate sexual behavior.

Provisions (c) & (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 would be made to identify information of incidents or allegations of sexual abuse by a prospective employee. A review of 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.

Initial background checks are conducted and are conducted every five years thereafter. The interview, review of documentation and a review of the Policies provide guidance about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard.

Provision (g):

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

The omission of sexual misconduct information or providing false information is grounds for termination as collectively indicated by Policies. The agency imposes upon employees the continuing affirmative duty to disclose any such misconduct; the information is also provided to new employees during orientation.

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.

When a former employee applies for work at another institution, upon the request from that institution, the agency provides all relevant information regarding substantiated allegations of sexual abuse as requested and where appropriate. All such requests received at a facility are referred to the Human Resources Manager II in the central office.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets the provisions of the standard.

Standard 115.318: Upgrades to Facilities and Technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- 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.)
☐ Yes ☐ No ☒ NA

115.318 (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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

PREA Pre-Audit Questionnaire
Observations

Interviews:

Acting Executive Director
Superintendent

Provision (a):

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?

There has not been substantial expansion or modification of the facility since the last PREA audit. The interview with the Acting Executive Director revealed that consideration is given to whether any acquisition, substantial expansion, or modification protects residents. In those instances, persons regarding PREA are consulted, including PREA Coordinator, Ombudsman and other staff.

Provision (b):

If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considered how such technology may enhance the agency's ability to protect residents from sexual abuse.

The camera system has not been upgraded since the last PREA audit. The camera system was installed in 2017. Cameras are strategically placed to supplement staff supervision and address blind spots.

RESPONSIVE PLANNING

Standard 115.321: Evidence Protocol and Forensic Medical Examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- 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 ☐ No ☐ NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.321 (c)

- 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 ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- 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 ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- 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 ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.321 (e)

- 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 ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.321 (f)

- 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/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
 Agency Policy 13001:01.04, Evidence Collection, Control and Security
 Memorandum of Understanding (MOU), New Jersey Coalition Against Sexual Assault
 Posted Information
 Training Curriculum

Interviews:

Random Staff
 Nurse
 Superintendent
 PREA Compliance Manager
 Operator, Advocacy Agency Hotline

Provisions (a) & (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. Administrative investigations referred back to the facility may be investigated by the Superintendent and other identified staff who are identified as facility-based investigators. Allegations of sexual abuse may also be reported to the Office and the New Jersey Department of Children and Families, Child Protection and Permanency. All of the reporting information is posted and provided to residents and staff.

The 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. During this audit period, there were six allegations of sexual abuse and sexual harassment. All of the allegations resulted in an investigation by the Office of Investigations.

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.

Forensic medical examinations will be conducted at the local hospital by a Sexual Assault Nurse Examiner. The Sexual Assault Response Team (SART), affiliated with the Burlington County Prosecutor's Office, contains a Sexual Assault Nurse Examiner. The contact information for the SART Coordinator is provided to the residents as a resource for reporting allegations of sexual abuse. Continuity of care will be provided at the facility to a resident who suffered sexual assault and include medical and mental health follow-up services, in accordance with the PREA Policy. Forensic examinations will be provided at no cost to the victim. No forensic medical examinations were conducted during this audit period.

Provisions (d) & (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.

Victim advocacy services have been arranged and generalized in a Memorandum of Understanding between the agency and the New Jersey Coalition Against Sexual Assault (NJCASA). The MOU provides that NJCASA, overarching agency, informs all local county-based rape crisis centers to provide assistance to the residents of the Juvenile Justice Commission facilities. The PREA

Coordinator and NJCASA are currently working toward developing a Memorandum of Understanding with facilities and their local rape crisis center. Residents are provided general information about advocacy services and the hotline number during the admissions process. The overarching advocacy agency follows all applicable laws and regulations with respect to confidentiality. The posted information regarding advocacy informs residents of confidentiality. Victim advocacy services will be provided at no cost to the victim. Auxiliary aids, interpreter/language services and accommodations due to a disability will be provided as needed and also at no cost to the victim.

Provisions (f) & (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 (f) 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 facility has made arrangements for victim advocacy services as confirmed through the interviews and written agreement with the State advocacy agency. The PREA Coordinator is working to obtain specific MOUs with the local rape crisis centers. The background and training of treatment staff provides them with familiarity of general sexual assault and forensic examination issues and they may be of service 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.

Standard 115.322: Policies to Ensure Referrals of Allegations for Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.322 (b)

- Does the agency have a policy and practice 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 ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
☒ Yes ☐ No ☐ NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
Investigation Reports
PREA Investigation Form
Agency Website

Interviews:

Random Staff
Superintendent
PREA Coordinator
Investigators (2)
Acting Executive Director

Provision (a):

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Policies provide that staff report all allegations of sexual abuse and sexual harassment and to document reports; staff members are aware of the requirements. All sexual abuse and sexual harassment allegations are referred to the Office of Investigations and may be reported to the New Jersey Department of Children and Families, Child Protection and Permanency. Policies and interviews provide for investigations of all allegations of sexual abuse and sexual harassment. Administrative investigations are conducted by the facility-based investigator when referred back to the facility from the Office of Investigations.

The facility reports one allegation of sexual abuse and five allegations of sexual harassment; a total of six allegations during this audit period. The sexual abuse allegation was staff-on-youth and was determined unfounded. There were three youth-on-youth allegations of sexual harassment which were determined unsubstantiated. Two staff-on-youth allegations of sexual harassment were determined unfounded.

Provision (b) and (c):

Provision (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.

Provision (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

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 review of investigation reports confirm that allegations of sexual abuse and sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal and administrative investigations.

Provision (d):

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.

Policy and training provide guidance governing investigations. The agency utilizes trained investigators for administrative and criminal investigations. The interviews with two investigators and agency records confirm that administrative and criminal investigations will be conducted by a trained investigator.

Provision (e):

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.

The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in this facility.

Conclusion:

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

TRAINING AND EDUCATION

Standard 115.331: Employee Training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?
☒ Yes ☐ No
- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- 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 ☐ No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.331 (d)

- Does the agency document, through employee signature or electronic verification that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
Training Curriculum
Training Rosters

Interviews:

Random Staff
PREA Coordinator

Provisions (a) and (c):

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.

The Policy addresses PREA related training for staff which is provided initially upon employment and periodic reviews. Interviewed staff members were familiar with the PREA information and tenets of the training. PREA training is provided to staff, as indicated by a review of facility Policy, training documents and interviews. The facility reports staff members that may have contact with residents have been trained or re-trained on the PREA requirements.

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 females and staff training considers the needs of the population served. The training is tailored to the needs and attributes of the population served. All staff within the facility are provided PREA training. A course titled, Gender Specific Training, is provided to staff.

Provision (d):

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

The PREA training received is documented electronically, use of sign-in sheets/rosters, certificates and verified through staff interviews and the training curricula. Staff interviews confirmed receipt of the PREA related information.

Conclusion:

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

Standard 115.332: Volunteer and Contractor Training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- 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 ☐ No

115.332 (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 ☐ No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
Contractor Acknowledgement Statements

Interviews:

Contractors (2)
PREA Coordinator

Provision (a):

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.

Policy requires volunteers and contractors who have contact with residents must 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 documents and interviews and observation confirm the training occurs. The training session includes but is not limited to a review of the zero-tolerance policy, including related definitions; reporting allegations of sexual abuse and sexual harassment; appropriate boundaries; and consequences for policy violations. There are no volunteers providing services in the facility during this time due to COVID-19 concerns.

Provision (b):

The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The interviews and review of documentation revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to an allegation of

sexual abuse or sexual harassment, as outlined in the PREA Policy. The training is relative to the services provided by the participants.

The interviews with the contractors revealed their familiarity with the zero-tolerance policy regarding sexual abuse and sexual harassment of residents, including how to report. The interviews confirmed that the review of the zero-tolerance policy for the agency is included in the PREA training. The contractors interviewed provide medical and mental health services to the residents. There were no volunteers providing services within the facility during the time of the PREA audit.

Provision (c):

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The training documentation including acknowledgement statements, sign-in sheets, and interviews confirmed the receipt and awareness of PREA training by the contractors and accessibility by volunteers when applicable. The interviews and documentation indicate the contractors understand the training provided.

Conclusion:

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

Standard 115.333: Resident Education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.333 (c)

- Have all residents received such education? ☒ Yes ☐ No
- 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 ☐ No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? ☒ Yes ☐ No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
☒ Yes ☐ No

115.333 (f)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
PREA Printed Materials
Letters Acknowledging Services
Acknowledgement Statements
Resident Handbook

Interviews:

Residents
Senior Youth Worker

Provisions (a) and (b):

Provision (a): During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero tolerance policy 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 admitted receive 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, according to the documentation and interview with the Social Worker II who provides PREA education to residents. A review of the documentation indicated the information provided to the residents is age-appropriate. PREA education beyond the intake process was not conducted in a formal and consistent manner however staff was available and accessible to answer questions and review information as needed.

Acknowledgement statements, training rosters and interviews document receipt of the PREA information and PREA education sessions provided. Interviews with residents revealed their understanding of the information covered in PREA education sessions and the posted information. Each resident is provided printed PREA materials which contains various related information. The contents of the materials provide for a general review with the resident during the admissions process. The Senior Youth Worker also stated youth are provided a Resident Handbook which contains general and PREA information.

The PREA video and printed materials contain information on how to report allegations of sexual harassment and sexual abuse and a directory of services and hotline numbers. The PREA brochure is included that is titled, "Resident's Guide to the Prison Rape Elimination Act (PREA)" is included in the printed materials. The brochure explains sexual assault and sexual harassment; provide information regarding avoiding an attack; description of the different ways to report allegations of sexual abuse or sexual harassment; provide information regarding retaliation monitoring; and other helpful related information. Although reporting information is posted, as well as contact information for requesting advocacy services, the information is also contained in the information provided to youth during the intake process.

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.

The PREA education sessions in Provisions (a) and (b), supported by interviews, all residents have received PREA education. The facility reports that 17 youth were admitted to the facility during the past 12 months and all have participated in PREA education sessions. Acknowledgement statements; observed posted information; interviews; and the other documentation indicate that PREA education is provided to residents.

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 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. The education unit is a resource for accessibility of translation services and other accommodations. The PREA information is printed in English and Spanish and the agency may print other languages as needed.

Letters acknowledging available accommodation services exists from the central office and Campus Superintendent regarding the role of the education unit. The letter addresses the provision of support services for limited English proficient and disabled residents by providing residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The education staff may provide support services through certified teachers with the educational background to modify/adapt information for all residents to understand. The facility also has pre-arranged translation services that are provided telephonically.

Assistance may also be provided by the treatment staff to ensure all residents' understanding of the PREA information. The facility also has bilingual staff. Reporting information is posted within the facility, accessible to residents, staff and visitors. Facility staff has knowledge of the youth's arrival to the facility prior to the admission date. This time period provides for the identified staff to make plans to accommodate the special needs of residents and coordinate with the education and treatment staffs for accommodations where needed. The staff revealed a practice of residents not used as translators or readers for other residents.

Provision (e):

The agency shall maintain documentation of resident participation in these education sessions.

A PREA education roster and acknowledgement statements were reviewed which supported the residents' involvement in PREA education and receipt of PREA information. The residents' interviews confirmed that PREA education occurs. The residents were aware of how to report allegations of sexual abuse and sexual harassment and that they would not be punished for reporting such. The residents are aware of their PREA related rights as evident from the interviews.

Provision (f):

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.

The interviews with the residents confirmed that PREA information is provided initially and continuously posted and visible to residents during their stay in the facility. The PREA education materials provide residents information on how to report allegations of sexual abuse and sexual harassment and how to request advocacy services. PREA related information is posted and provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment. The printed materials provide information on sexual abuse and sexual harassment; reporting information; and describes sexual abuse and sexual harassment. Each resident is provided a handbook which also contains PREA information. PREA related information is provided to staff in policies and procedures, training and staff meetings.

Conclusion:

Based upon the review and analysis of the available evidence, interviews, and observations, the Auditor determined the facility is compliant with this standard.

Standard 115.334: Specialized Training: Investigations**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.334 (a)**

- 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 ☐ No ☐ NA

115.334 (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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.334 (c)

- 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 ☐ No ☐ NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

Agency Policy ED:01.02
 Training Certificates
 Training Curriculum

Interviews:

Agency Investigators (2)

Provision (a) & (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 administrative investigations. All allegations of sexual abuse and sexual harassment are investigated by the Office of Investigations. The interviews and review of documentation confirmed investigations will be 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. Eight staff members have been identified as facility-based administrative investigators for the Campus. The Agency has a total of 15 Investigators in the Office of Investigations.

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 as determined by the interviews 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.

The investigators have received training courses as documented by interviews and documentation. 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.

Standard 115.335: Specialized Training: Medical and Mental Health Care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

115.335 (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.) ☐ Yes ☐ No ☒ NA

115.335 (c)

- 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? ☒ Yes ☐ No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Facility Policy ED:01.02
Training Sign-In Sheet

Interviews:

Nurse
Psychologist
PREA Coordinator

Provision (a):

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:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;

- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Medical and mental health staff members receive the regular PREA training as well as the specialized training. Medical and mental health services are provided through a contract with Rutgers University; the specialized training was provided through Rutgers University. The sign-in sheet and interviews support the regular PREA training and specialized training for medical and mental health staff members.

Provision (b):

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Forensic examinations are not conducted by facility staff.

Provision (c):

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.

Training records and the interviews confirmed receipt of the regular and specialized training. The specialized training is provided through Rutgers University. Forensic medical examinations are not conducted at the facility.

Provision (d):

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.

Medical and mental health staff completed the general training that is provided for all employees as indicated by training documentation and the interviews. The standard PREA training is provided to all employees and the specialized training is provided through Rutgers University as determined from document review.

Conclusion:

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for Risk of Victimization and Abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- 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 ☐ No
- Does the agency also obtain this information periodically throughout a resident's confinement? ☒ Yes ☐ No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? ☒ Yes ☐ No
- 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 ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? ☒ Yes ☐ No

- 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 ☐ No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? ☒ Yes ☐ No
- Is this information ascertained: During classification assessments? ☒ Yes ☐ No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? ☒ Yes ☐ No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
Vulnerability Assessments

Interviews:

Social Worker
Residents
PREA Coordinator

Provision (a):

The Policy provides that upon arrival or 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 for each resident to be screened for risk of victimization or abusiveness within 72 hours of initial intake in order to reduce the risk of sexual abuse by or upon a resident. The interviews and practice indicate the risk assessment is generally completed within the required timeframe. Pertinent information is gathered through conversations with residents during the intake process and during the medical and mental health screenings. The youth is interviewed to obtain information about personal history and behavior and any accompanying information is also reviewed to gather pertinent information.

The vulnerability assessment or risk screening is used to document significant information. The interview with the Social Worker confirmed the practice of the risk screening being conducted in accordance with the Policy and Standard. Screening instruments and the interview collectively confirmed the information obtained includes but is not limited to:

- Prior sexual victimization or abusiveness;
- Resident's own perception of vulnerability;
- Current charges and offense history;
- Intellectual or developmental disabilities;
- Physical disabilities;
- Mental illness or mental disabilities
- Information regarding relationships with other youth
- Confirmation of size and stature
- Confirmation of Age
- Other specific information that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Facility Policy addresses the occurrence and criteria regarding formal reassessments of residents. The number of youths admitted to the facility within the past 12 months who were screened for the admission process of risk of sexual victimization and the risk of sexually abusing other residents is 17. The risk assessments and any reassessments are accessible to treatment staff and the facility Superintendent. Records are securely stored; computers with the electronic records are password protected.

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 organized 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 lends information regarding risk factors.

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;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The residents' own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The Auditor reviewed the screening instruments and determined the items required by this provision of the standard are collectively included within the instrument. The interview with the Social Worker confirmed awareness of the elements of the risk screening instrument and the application and use of the instrument were explained. The resident interviews also confirmed the administration of the risk screening instrument and the general inquiries made. The interviews revealed the practice is that the instrument is administered within the required timeframe.

There were no residents identified as having disclosed prior victimization or perpetrated sexual abuse within this audit period. Disclosure of prior victimization or perpetrated sexual abuse will be addressed in a timely manner. The resident will be referred to a clinical staff member, as indicated, following the disclosure of the information.

Provision (d):

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.

Information in determining the risk for victimization or abusiveness is obtained through interviewing the youth and reviewing any related information. The facility is aware of the youth's pending arrival and treatment staff has the opportunity to review the records and any other reports in an effort to preliminarily prepare for the needs prior to arrival. Additional assessments are completed after the youth is admitted to the facility to obtain supportive information for program planning and keeping the youth safe.

Provision (e):

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.

Staff take appropriate controls to ensure that sensitive information is protected and not exploited by maintaining relative files under lock and key. The online information is 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 based on agency policy.

Conclusion:

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

Standard 115.342: Use of Screening Information**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.342 (a)**

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.342 (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 ☐ No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? ☒ Yes ☐ No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? ☒ Yes ☐ No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? ☒ Yes ☐ No
- Do residents also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.342 (c)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.342 (d)

- 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 ☐ No
- 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 ☐ No

115.342 (e)

- 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 ☐ No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.342 (h)

- 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?) ☐ Yes ☐ No ☒ 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?) ☐ Yes ☐ No ☒ NA

115.342 (i)

- 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 ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02, PREA

Agency Policy ED:01.02A, Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Juveniles

Safe Housing Assessment

Interviews:

PREA Compliance Manager

Social Worker

Residents

Superintendent

Random Staff

PREA Coordinator

Provision (a):

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.

Policy provides guidance to staff regarding the use of the information obtained from the vulnerability assessment. The interview with the Social Worker, supported by the other interviews, indicate the screening information is used to inform staff of information regarding housing and program assignments, and assist in identifying treatment and any special services.

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.

Residents may be separated from the general population for only the period necessary to maintain safety and security. A potential victim or victim of sexual abuse was not identified during this audit period and required protective custody. The staff interviews indicated that protective measures would be taken immediately when needed and includes separating residents; place on a heightened level of supervision; notify other staff, including supervisors and administrators; and change housing assignment.

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, bisexual, transgender, or intersex residents are not placed in specific housing solely based on how the residents identify or their status. The agency does not consider the identification as an indicator that these residents may be more likely to be sexually abusive. During the onsite review, there were no rooms or areas observed or identified to be reserved for LGBTQI youth. Housing assignments are made on a case-by-case basis as supported by Policy, interviews and observation. Additionally, the targeted interview confirmed the premise of these findings.

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 residents' health and safety, and whether the placement would present management or security problems.

Policy and staff interviews support that housing and program assignments for transgender or intersex residents will be made on a case-by-case basis. In accordance with Policy, staff considers on a case-by-case basis whether a placement would ensure a resident's health and safety, and whether the placement would present management or security problems. The interviews indicate staffs' awareness and efforts in keeping all residents safe, which would include transgender and intersex youth.

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 placement and programming assignments for each transgender or intersex resident will be reassessed at least twice per year to determine any threats to safety experienced by the resident. There has been no indication of transgender or intersex youth in the facility during this audit period.

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 her own safety is taken into account through the administration of the vulnerability assessment, treatment sessions, individual sessions, and informal interactions with treatment and other 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. However, the current practice regarding implementing methods of concern for a resident's safety would prevail regardless of the make-up of the population.

Provision (g):

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

All residents shower one at a time. Transgender or intersex residents will be 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 youth 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.

Enhanced levels of supervision are provided which includes the highest level of supervision of a youth remaining at arm's length to a staff member and her status is frequently documented. A youth may be separated from others for only the period necessary to maintain safety and security. According to the No residents were determined at risk of sexual victimization during the 12 months preceding the audit

Provision (i):

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.

The Policy, practice and mission of the facility does not provide for the use of isolation in the manner indicated by this provision; a resident would not be subject to these timelines. No residents at risk of sexual victimization were identified during the 12 months preceding the audit.

Conclusion:

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

REPORTING

Standard 115.351: Resident Reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No
- 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 ☐ No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? ☒ Yes ☐ No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
Agency Policy 14ED:01.27, Request and Remedy Process
The New Jersey Administrative Code
Visitation Request Form
Request and Remedy-PREA Complaint Form
Printed and Posted PREA Information
Resident Handbook
Homeland Security Information

Interviews:

Residents
Random Staff
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.

The residents are provided information about how to report allegations of sexual abuse and sexual harassment. Policy provides for internal ways a resident may report allegations of sexual abuse and sexual harassment, including how to privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Residents may report allegations internally to a trusted staff member; complete a Request and Remedy-PREA Complaint Form; write a note; call the Ombudsman; talk to a family member or court worker; complete a Sick Call Request Form; or complete a Request for a Meeting Form.

Telephones in offices are accessible to residents for reporting allegations of sexual abuse and sexual harassment. Staff interviews support they cannot impede a resident's use of the dedicated telephones which are accessible for residents to report allegations of sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy, posters,

brochures, and the Resident Handbook collectively provide telephone numbers and instructions for reporting allegations of sexual abuse or sexual harassment.

When received from the locked box, a copy of the Request and Remedy-PREA Complaint Form is forwarded to the Ombudsman who is located in the Office of the Executive Director. The Ombudsman acts as a liaison between the residents and the Offices of the Executive Director and the Deputy Executive Directors. He receives youth's complaints, grievances and concerns either through the written forms or telephone calls. The Ombudsman's numbers are posted in the facility and at the dedicated telephones for reporting allegations of sexual abuse and sexual harassment.

Residents are informed in the PREA education sessions, determined from the interviews, that they may also tell a family member or other person that does not work at the facility of an allegation of sexual abuse or sexual harassment and they may call or write the Ombudsman. The residents interviewed identified someone who did not work at the facility they could report to about sexual abuse or sexual harassment. The random staff and resident interviews collectively revealed residents may use the telephone, submit a complaint in writing, file a formal complaint through the Request and Remedy process; tell a family member; or talk to staff to privately report allegations of sexual abuse and sexual harassment. Residents are provided the Department of Children and Families abuse reporting hotline number and the reporting information is posted.

Residents have access to writing materials and locked boxes for receipt of the forms which are accessible to all residents for reporting allegations. When a Request and Remedy-PREA Complaint Form is used to make a written allegation of sexual abuse, the reporting procedures will be implemented in accordance with Policy. All PREA related incidents will be handled directly by the Office of Investigations. Allegations may be referred back to the facility Superintendent by the Office of Investigations for an administrative investigation, where deemed appropriate.

PREA information is posted and each resident is provided a Handbook which contains reporting and other PREA related information. Residents sign an acknowledgement statement confirming receipt of the Handbook and other PREA information. 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.

The New Jersey Department of Children and Families abuse reporting hotline may be used by residents and staff to report allegations of sexual abuse and sexual harassment. The interviews revealed familiarity with Policy and posted and other printed information on how to report allegations of sexual abuse and sexual harassment. A dedicated telephone is located on the main floor and in the housing units, accessible to all residents.

During the onsite review, the dedicated telephone on the main floor was tested by the Auditor and was found to be in working order. The operator provided an overview of the services offered by the advocacy agency and how a call may be processed. Telephones located in offices may also be used by the residents for reporting allegations. The resident is provided information for also reporting allegations

of sexual abuse to the Burlington County Prosecutor's Office and have access to a Sexual Assault Nurse Examiner. Contact information for officials at the Department of Homeland Security is provided to residents who are detained 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 reports made anonymously, third-party reports and to document verbal reports. The resident interviews collectively indicated awareness of reporting either in person, in writing, by telephone, or through a third-party. Interviewed staff members are aware of their duty to receive and document the receipt of verbal reports and that the documentation must be done as soon as possible. A third-party reporting form is located on the agency's website, accessible to the public.

Provision (d):

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

Observations during the site review and interviews revealed writing materials are available for residents to write a note to a staff member regarding an allegation; complete the Request and Remedy-PREA Complaint Form; and a Sick Call Request Form. Each resident is provided a Resident Handbook and PREA packet which contains information regarding reporting allegations. All residents have access to the forms, writing utensils, and writing paper. The interviews, review of documents and facility practices revealed that residents are provided the tools to make written allegations of sexual abuse and sexual harassment.

The Request for Meeting form is also accessible to residents that may be used to request to speak with various staff members including but not limited to the Superintendent; mental health staff; Social Worker; and education staff. The form provides for the reason for the meeting request, date and name of resident making the request. Residents may also use this form to allege sexual abuse or sexual harassment in writing.

Provision (e):

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

The staff interviews collectively revealed staff can privately report allegations of sexual abuse and sexual harassment through utilization of the abuse reporting hotline, contact Ombudsman, contact Office of Investigations, or talk directly with supervisors.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

Standard 115.352: Exhaustion of Administrative Remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.352 (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 ☐ No ☐ NA
- Does the agency always 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? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (c)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.352 (d)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.352 (e)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.352 (f)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.352 (g)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
 Agency Policy 14ED:01.27
 Request and Remedy Forms
 Resident Handbook

Interviews:

Random Staff
 Residents
 Superintendent
 PREA Compliance Manager
 Acting Executive Director

Provision (a):

An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

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 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. The completed Form is placed in a locked box; the Forms and a locked box are accessible to all residents. The Forms are collected by the Superintendent, Assistant Superintendent, or Shift Coordinator, according to Policy, and forwarded to the Ombudsman located in the central office or responded to onsite. 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 initiated. An investigation will be conducted by an Investigator from the Office of Investigations or referred back to the facility, based on the information received.

Provision (b):

- (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
- (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.
- (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
- (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

Policy provides there is no time limit for completing a Request and Remedy-PREA Complaint Form to report allegations of sexual abuse. Residents are not required to use an informal process or give the Form to any staff member regarding allegations of sexual abuse. Residents receive instructions to place the Request and Remedy-PREA Complaint Form in a locked box, accessible to all residents. Once retrieved from the locked box, a copy is forwarded to the Ombudsman unless the Form has been marked for the Office of Investigations by the resident.

Provision (c):

The agency shall ensure that—

- (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
- (2) Such grievance is not referred to a staff member who is the subject of the complaint.

Residents are not required to use an informal process or give the complaint to any staff member regarding allegations of sexual abuse. The staff member involved in the grievance will not be involved in resolving the complaint. Residents may put the Request and Remedy-PREA Complaint Form or a regular Request and Remedy Form directly in the locked box, unimpeded by staff. The Resident Handbook explains the Request and Remedy Process and the role of the Ombudsman. It also contains information regarding reporting allegations of sexual abuse and sexual harassment.

Provision (d):

- (1) 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.
- (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.
- (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.
- (4) 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, the resident may consider the absence of a response to be a denial at that level.

Policy 14ED:01.27 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 by the Superintendent, Assistant Superintendent or Shift Coordinator, 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. The Ombudsman is located in 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 initiated.

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 14ED:01.27. The responses to the complaint is provided in writing.

Policy 14ED:01.27 provides for the locked box to be checked daily by the Superintendent, Assistant Superintendent or Shift Coordinator with the exception of weekends and State holidays. According to the PREA Coordinator the intent of this section of the Policy is to limit access by staff members and to ensure the collection and relaying of the documents to the proper authority without interference. The other ways of reporting are prominently displayed and the resident interviews revealed knowledge of the various reporting methods. However, it is recommended that a practice be developed for the locked box to be checked daily, including weekends and holidays, and the Policy be revised to reflect the practice.

Provision (e):

- (1) 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, and shall also be permitted to file such requests on behalf of residents.
- (2) 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.
- (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident’s decision.
- (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

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 her 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. A Third Party PREA Complaint Form is located on the agency's website. The Policy supports third-party complaints however there have been no complaints alleging sexual abuse filed by a third-party.

Provision (f):

(1) 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.

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

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 14ED:01.27. 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."

Provision (g):

The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

Policy 14ED:01.27 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.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

Standard 115.353: Resident Access to Outside Confidential Support Services and Legal Representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- 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 ☐ No
- 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 ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.353 (c)

- 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 ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? ☒ Yes ☐ No
- Does the facility provide residents with reasonable access to parents or legal guardians? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
Agency Directive
Memorandum of Understanding
Notification Memorandum
Printed PREA Information
Visitation Request Form
Consent Form
Resident Handbook
Homeland Security Information
Posted PREA Information

Interviews:

Residents
Superintendent
PREA Compliance Manager
PREA Coordinator
Operator, 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.

All residents receive PREA information, including a brochure, upon admission. Interviews and observations revealed that residents receive advocacy agency information. 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 advocacy services to be provided were confirmed by the hotline operator through CONTACT of Burlington County. The operator explained how the call from a resident would be routed. A completed local MOU will identify specific services that will be provided. The current general services include the hotline services. Victim advocacy services for a resident will be a response to an alleged victim due to contact for advocacy services by the resident, facility staff or the investigative entity. The community support interview/test call regarding advocacy services was conducted by the Auditor during the onsite Audit Phase; the call was answered promptly. The advocacy agency information and telephone number are posted for requesting advocacy services.

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 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.

There is no written agreement between the facility and CONTACT of Burlington County however the agency is affiliated with the County and requested services will be accessed. The advocacy agency representative's interview and the interview with the PREA Compliance Manager support the availability of advocacy services.

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 residents have reasonable and confidential access to attorneys and court workers and reasonable access to their parents/legal guardians which is supported by Policy and the Resident Handbook. During the pandemic and when visitation to the facility was suspended, youth have been provided the opportunity to video chat with parents or guardians and with attorneys and court workers where requested.

All residents interviewed confirmed communication opportunities occur. The interviews confirmed access to attorneys and court representatives and reasonable access to parents/legal guardians. The onsite review revealed areas where residents could meet privately with legal representatives and engage in visitation with approved visitors.

Residents are also allowed to make telephone calls and write letters. The Administrative Code provides that approval of a potential visitor must be given by the Superintendent or designee. Additionally, emergency telephone calls are provided at any time provided they are approved by the Superintendent or designee.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility meets this standard.

Standard 115.354: Third-Party Reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
Resident Handbook
Posted Materials
Website Information
PREA Materials for Residents

Interviews:

Random Staff
Residents

Standard 115.354:

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.

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.

Information regarding reporting allegations of sexual abuse and sexual harassment 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 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.

Conclusion:

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

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and Agency Reporting Duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? ☒ Yes ☐ No

115.361 (c)

- 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 ☐ No

115.361 (d)

- 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 ☐ No
- 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 ☐ No

115.361 (e)

- 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 ☐ No
- 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 ☐ No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) ☒ Yes ☐ No ☐ NA
- 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 ☐ No

115.361 (f)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
Agency Policy HS:01.01, Health Services Policy
Report of Suspected Child Abuse Report Form
Sexual Abuse Incident Check Sheet
Investigation Reports

Interviews:

Random Staff
Superintendent
PREA Coordinator
Nurse
Psychologist

Provision (a) and (b):

Provision (a): 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.

Provision (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

Policy and staff interviews support that all staff report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation. Trained facility-based investigators conduct administrative investigations for allegations of sexual harassment that do not require an investigation by the Office of Investigations. Allegations that are criminal in nature are investigated by trained personnel from the Office of Investigations. Trained investigators from the New Jersey Department of Children and Families, Child Protection and Permanency may also investigate allegations of sexual abuse. The facility Policies provide guidance to staff on reporting allegations of sexual abuse and sexual harassment and the duties of the first responder.

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 addresses provisions of confidentiality and the conditions for providing information. Policy prohibits staff from revealing any related information to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions.

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 clinical staff interviewed indicated residents are informed at the initiation of services of the limitations of confidentiality and their duty to report. The clinical staff members are also mandated reporters and required by the State to report allegations received regarding sexual abuse and sexual harassment, in accordance with Policy and State requirements.

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 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.

(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.

(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.

Reports of allegations are 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 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.

Provision (f):

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Policy and interviews provide for all allegations to be reported as supported by documentation. 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.

Conclusion:

The review of evidence and interviews indicate the facility is in compliance with this standard.

Standard 115.362: Agency Protection Duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02

Interviews:

Acting Executive Director

Superintendent

Random Staff

Residents

Provision (a):

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.

The 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.

During the intake process, residents are asked about how they feel about their safety as part of the inquiries by staff completing the vulnerability assessment, as evident by the document and the resident interviews. Administration of the risk screening instrument provides information that assists and guide staff in keeping residents safe through housing and program assignments. Assessment instruments provide information which offer supporting information in determining the risk level of each resident. No resident was identified to be at substantial risk of imminent sexual abuse in the past 12 months.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

Standard 115.363: Reporting to Other Confinement Facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- 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 ☐ No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? ☒ Yes ☐ No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.363 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
Staff Reference Guide

Interviews:

Acting Executive Director
Superintendent
Random Staff

Provisions (a) - (d):

Provision (a): 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.

Provision (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Provision (c): The agency shall document that it has provided such notification.

Provision (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

The interviews confirmed when an allegation of sexual abuse is received that a resident was sexually abused while confined at another facility, the Superintendent or designee will report the allegation to the Division of Child Protection and Permanency and the Office of Investigation and a written report is completed. The Director of Investigations will notify the head of the facility where the alleged abuse occurred. The notification will be made within 72 hours in accordance with Policy.

The Superintendent and agency head are aware of the requirements and the duties regarding reporting to other confinement facilities and the requirement of allegations received from other facilities must be investigated. The Policy and interviews support allegations of sexual abuse or sexual harassment from a resident regarding her stay in another facility will be reported and investigated as required.

Conclusion:

Based upon the information received and interviews, the Auditor determined the facility is compliant with this standard.

Standard 115.364: Staff First Responder Duties**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.364 (a)**

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.364 (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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
Staff Reference Guide for Sexual Abuse Allegations
Sexual Abuse Incident Check Sheet

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.

The interviews and staff training information support the training areas provided in this standard. The Staff Reference Guide serves as a reminder of actions to take and the Sexual Abuse Incident Check

Sheet provides for confirming the actions taken. It documents the steps to take when an identified staff member is the first to respond including the steps to take to preserve evidence from the victim and the perpetrator and staff and other contacts to make. There were no allegations or incidents where staff had to act as a first responder in the last 12 months. Policy and training provide that upon learning of an allegation that a resident was sexually abused the general staff response would basically include but not be limited to the following:

- a. Secure the youth in a safe place.
- b. Notify Shift Supervisor/Shift Coordinator, Superintendent, and Assistant Superintendent.
- c. Request medical attention as needed
- d. Secure the scene.
- e. Document the situation.
- f. Request the alleged victim and alleged perpetrator not take any actions that could destroy physical evidence.

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.

All staff members are informed through policy and training to notify a Supervisor immediately and keep the resident in a safe place until a Supervisor arrives. All staff carry a miniature card with them which informs of such and provides additional information for a staff member who may act as a first responder. The actions include but are not limited to securing the area and not allowing the resident to change clothes, wash or drink anything. The Supervisor will use the Sexual Abuse Incident Check Sheet to ensure all notifications are made and the prescribed responses are conducted. There were no allegations or incidents where a non-security staff member had to act as a first responder to an incident or allegation of sexual abuse in the last 12 months.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

Standard 115.365: Coordinated Response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02

Staff Reference Guide for Sexual Abuse Allegations

Interviews:

Random Staff

Superintendent

Provision (a):

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.

The institutional plan, captured in the Staff Reference Guide for Sexual Abuse Allegations, is to be implemented in the event of an allegation or incident of sexual abuse. The institutional plan is also included in the facility Policy. The Staff Reference Guide is designed to be used as a reminder/format of the steps to take.

The PREA Policy also provides guidance to staff regarding the actions to take when there is an alleged incident of sexual abuse. Staff members interviewed were familiar with their role regarding the response to an allegation of sexual abuse. The documents and interviews are aligned with the agency Policy.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with the standard.

Standard 115.366: Preservation of Ability to Protect Residents from Contact with Abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- 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 ☐ No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agreement - New Jersey State Policemen's Benevolent Association, Local No. 105
Agreement - New Jersey Law Enforcement Commanding Officers Association
Agreement - New Jersey Law Enforcement Supervisors Association
Agreement - AFSCME New Jersey Council 63 and its Affiliated Locals
Agreement - Communications Workers of America
Agreement - New Jersey Superior Officers Law Enforcement Association, Inc.

Interview:

Acting Executive Director

Provision (a) and (b):

Provision(a): 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 from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Provision (b): Nothing in this standard shall restrict the entering into or renewal of agreements that govern:

- (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
- (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.

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.

Conclusion:

Based upon the review and analysis of the available evidence and interview, the Auditor determined the facility is compliant with the standard.

Standard 115.367: Agency Protection Against Retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- 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 ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fears 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 ☐ No

115.367 (c)

- 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 ☐ No
- 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 ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.367 (e)

- 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 ☐ No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02

Safe Housing Assessment
90 Days PREA Complainant Monitor Form
Reassignment Memorandum Form

Interviews:

Acting Executive Director
Superintendent

Provision (a):

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.

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 are documented. The Acting Executive Director and Superintendent are familiar with the role of retaliation monitor and its purpose.

Provision (b):

The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Protective measures were generally identified during the interview 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; change in building assignment for staff; and change in shift assignments; provide emotional support, including mental health services. The retaliation monitoring is documented and follow-up checks with the parties involved will ensure safe feelings and identify whether retaliation is occurring.

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 may last longer to ensure the resident and staff are protected from retaliation. The interview with the Superintendent identified items that are 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 occur as a part of retaliation monitoring. The interview revealed that initial contact is made and follow-up checks documented through case notes and/or identified form.

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, when it is determined that the allegation is unfounded, in accordance with Policy. The interview with the Superintendent determined familiarity with the requirements regarding retaliation monitoring.

Conclusion:

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

NEED TO DO: Standard 115.368: Post-Allegation Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02

Interviews:

Superintendent

Random Staff

PREA Compliance Manager

Provision (a):

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.

An alleged 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. Residents separated from others or on heightened supervision levels are still subject to programming and education services.

Conclusion:

Based upon the review of Policy, interviews, and observations, the Auditor determined the facility is compliant with this standard.

INVESTIGATIONS

Standard 115.371: Criminal and Administrative Agency Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

115.371 (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 ☐ No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? ☒ Yes ☐ No

115.371 (e)

- 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 ☒ No

115.371 (f)

- 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 ☐ No
- 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 ☐ No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- 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 ☐ No

115.371 (h)

- 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 ☐ No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
☒ Yes ☐ No

115.371 (j)

- 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 ☐ No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
☒ Yes ☐ No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
Internal Affairs Policy and Procedures, 9.3 Investigation Files
Internal Affairs Policy and Procedures, 9.4 Retention Schedule
Training Curriculum

Training Rosters
Investigation Reports
Facility PREA Investigation Form

Interviews:

Superintendent
Agency Investigators (2)
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.

Trained Investigators conduct investigations of allegations of sexual abuse and sexual harassment as documented by Policy, training curriculum, and interviews. Investigations are conducted thoroughly and objectively based on the training provided and interviews. Sexual abuse and sexual harassment allegations are investigated by the 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 investigation, 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, Division of Child Protection and Permanency. All of the reporting information is posted and provided to residents and staff. The random staff interviews, PREA Policy, and documentation provide that third-party and anonymous reports are also investigated as required.

Provision (b) and (c):

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.

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.

The investigative staff is trained in subject matter aligned with the standard. The Investigators gather direct and circumstantial evidence that includes but is not limited to reviewing video where applicable, gathering witness statements, and reviewing logs. The agency Investigator and/or qualified medical practitioner would be responsible for collecting direct physical and DNA evidence. The facility staff do not collect DNA evidence however the training includes how to assist in preserving evidence.

Provision (d):

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

Each Investigator's interview confirmed the provision that an investigation is not terminated if the source recants an allegation of sexual abuse or sexual harassment, in accordance with training.

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.

The Office of Investigations will consult with the prosecutor's office regarding compelled interviews based on the Investigator conducting allegations that are criminal in nature. Facility-based investigators do not conduct compelled interviews.

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 credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as a resident or staff as supported by the interviews and training. No resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation.

Provisions (g) and (h):

Provision (g): Administrative investigations:

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

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 interviews revealed that PREA investigations will include an effort to determine whether staff actions or failures to act contributed to the abuse. According to the Investigators this concept is included in training and the investigations include reviewing a facility's policy and procedures. The investigations are completed with written reports that include a description of the evidence and investigative facts and findings.

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 Burlington County Prosecutor's Office and refer substantiated allegations that were criminal in nature.

Provision (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 written 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.

Provision (k):

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The interviews and Policy confirm that upon the start of an investigation, it will not end until the investigation has been completed. The departure of the alleged abuser or victim from the employment or control of the agency will not terminate the investigation.

Provision (l):

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

The investigative entities are aware of the PREA standards requirements through the initial sharing of PREA information and subsequent professional interactions. The Office of Investigations provide the required investigative training to staff. The Department of Justice does not conduct investigations in this facility.

Provision (m):

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The interviews and the Policy support that staff cooperate with investigators and the agency/facility is kept informed of the progress of an investigation. Communication is maintained between facility staff, Office of Investigations, and any other investigative entity.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard.

Standard 115.372: Evidentiary Standard for Administrative Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Reviewed:

Agency Policy ED:01.02

Interview:

Investigators (2)

Provision (a):

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.

The facility-based and agency investigators impose a standard of no higher than a preponderance of the evidence for determining whether allegations are substantiated.

Conclusion:

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

Standard 115.373: Reporting to Residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.373 (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 ☐ No ☐ NA

115.373 (c)

- 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 ☐ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.373 (d)

- 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 ☐ No
- 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 ☐ No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
Notification to Juvenile Form

Interviews:

Superintendent
PREA Coordinator

Provision (a):

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.

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 are documented on the Notification to Juvenile Form and provided to the resident by staff, generally the Senior Youth Worker. There is awareness of the requirement as determined from the interviews and review of documentation.

Provision (b):

If the agency did not conduct the investigation, it shall request the relevant 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. 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 another resident the alleged victim shall be informed, in writing, whenever:

- a. The Commission learns that alleged abuser is indicted on a charge related to sexual abuse within the facility.
- b. The Commission learns that the alleged abuser is convicted related to the sexual abuse within the facility.

Provision (e):

All such notifications or attempted notifications shall be documented.

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 be made by the Superintendent or designee. There is familiarity with the requirement as determined from interviews and review of documentation

Provision (f):

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

The agency's obligation to report under this standard terminates if the resident is released from the facility's custody.

Conclusion:

The interviews and review of Policy and other documentation confirmed the facility is compliant with this standard.

DISCIPLINE

Standard 115.376: Disciplinary Sanctions for Staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staffs subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.376 (c)

- 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 ☐ No

115.376 (d)

- 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 ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
Personnel Actions

Interviews:

Superintendent

Provision (a):

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

The Policy and interview support that staff is subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies.

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 interviews 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.

Standard 115.377: Corrective Action for Contractors and Volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.377 (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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
Contractor Acknowledgement

Interviews:

Contractors (2)
Superintendent

Provision (a):

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.

The Policy provides for contractors and volunteers who engage in sexual abuse with a resident to be reported to law enforcement and to relevant licensing bodies, unless the activity was clearly not criminal. Policy, interviews with two contractors, and the Contractor Acknowledgement confirm

contractors and volunteers receive a clear understanding that sexual misconduct with a resident is prohibited.

Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents. During this audit period, there have been no allegation of sexual abuse and no allegation of sexual harassment regarding a contractor or volunteer. Volunteers have been restricted due to COVID-19 concerns.

Provision (b):

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.

Policy and the interview with the Superintendent support that the appropriate remedial measures will be taken and include prohibiting further contact with residents in the case of any violation of the PREA Policy by a contractor or volunteer. In the past 12 months, no contractors or volunteers were reported for allegations of sexual abuse or sexual harassment.

Conclusion:

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

Standard 115.378: Interventions and Disciplinary Sanctions for Residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- 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 ☐ No

115.378 (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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No

115.378 (c)

- 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 ☐ No

115.378 (d)

- 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 ☐ No
- 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 ☐ No

115.378 (e)

- 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 ☐ No

115.378 (f)

- 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 ☐ No

115.378 (g)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
New Jersey Administrative Code 13:101-2.2; 2.3; 4.1
Resident Handbook

Interviews:

Superintendent
Nurse
Psychologist

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. Additional consequences are outlined in the Resident Handbook. 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 the allegations are 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 the resident transported to a detention facility based on the circumstances of the incident. Allegations of sexual abuse are referred for an investigation to the appropriate investigative entities.

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.

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. The related interviews were aligned with this provision. Staff will 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 her behavior when determining what type of sanction, if any, or removal from the facility should be imposed.

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 psychologist 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. Staff members and other contractors within the treatment 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.

A resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Provision (f):

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.

Residents are not disciplined regarding the filing of complaints through the Request and Remedy process as provided by Policy.

Provision (g):

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.

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.

Conclusion:

Based on the available evidence and interviews, the Auditor concluded the facility is compliant with the standard.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and Mental Health Screenings; History of Sexual Abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (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, 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 ☐ No

115.381 (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 ☐ No

115.381 (c)

- 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 ☐ No

115.381 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
Agency Health Services Policy, HS:01.01
Vulnerability Assessment
Intake Medical Screening
Safe Housing Assessment
Consent Form

Interviews:

Nurse
Psychologist
Residents

Provision (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 and related forms support 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 about prior sexual victimization that did not occur in an institutional setting.

Conclusion:

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

Standard 115.382: Access to Emergency Medical and Mental Health Services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- 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 ☐ No

115.382 (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 ☐ No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.382 (c)

- 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 ☐ No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

Agency Policy ED:01.02
Staff Reference Guide
Resident Handbook
PREA Check Sheet
MOU, NJCASA

Interviews:

Psychologist
Nurse
Hotline Operator, Advocacy Agency

Provision (a):

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.

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.

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. The PREA Check Sheet 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, Staff Reference Guide, and Sexual Abuse Incident Check Sheet 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. The 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.

Policy and the interview with the Nurse collectively confirmed 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 supportive counseling; assessments by the nurse practitioner, physician, psychologist, and/or psychiatrist; and outside referrals where indicated.

Provision (d):

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.

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 overarching advocacy agency but not yet with a local agency which does provide hotline services. The PREA Coordinator continues to address the development of a MOU between the facility and local advocacy agency.

Conclusion:

Based on the evidence reviewed and interviews, the Auditor determined the facility is compliant with this standard.

Standard 115.383: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- 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 ☐ No

115.383 (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 ☐ No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.383 (e)

- 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.) ☒ Yes ☐ No ☐ NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.383 (h)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
Resident Handbook

Interviews:

Nurse
Psychologist

Provision (a):

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.

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 boxes for receipt of the Forms are accessible to residents. Medical and treatment services are reviewed with residents during the admissions process and 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 medical and 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 interview with the nurse and Policy confirm that such victims will be provided pregnancy tests.

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.

In the result of a pregnancy, victims will receive timely and comprehensive information about access to all lawful pregnancy-related medical services as confirmed by the Nurse and supported by the PREA Policy.

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 services. Follow-up services will be conducted at the facility.

Provision (g):

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.

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.

Provision (h):

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.

Medical and mental health evaluation and treatment services will be offered to resident victims of sexual abuse. 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.

Conclusion:

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

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual Abuse Incident Reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- 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 ☐ No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.386 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- 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 ☐ No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02

Interview:

Superintendent

Provision (a):

The facility shall 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.

The facility is required to conduct a sexual abuse incident review at the conclusion of an investigation, unless the allegation was unfounded. The interview 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 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. The Superintendent described an equivalent review team within the facility where he serves as a team member.

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. The allegation of sexual abuse during this audit period was determined unfounded as a result of the investigation.

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 interview 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 any review meeting for an allegation of sexual abuse 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.
- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (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.

Policy and the Superintendent's interview collectively outline the requirements of the standard for the areas to be assessed by an 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.

The meeting minutes 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 Superintendent and PREA Compliance Manager.

Provision (e):

The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

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.

Conclusion:

Based upon the review of Policy and other documentation and interviews, the Auditor has determined the facility is compliant with this standard.

Standard 115.387: Data Collection**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.387 (a)**

- 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 ☐ No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.387 (c)

- 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 ☐ No

115.387 (d)

- 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 ☐ No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☐ Yes ☐ No ☒ NA

115.387 (f)

- 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.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02

Interviews:

Superintendent
PREA Coordinator

Provisions (a) & (c):

Provision (a): 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.

Provision (c): 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 Policy provides for the collection of accurate and uniform data for every allegation of sexual abuse from incident-based documents. The agency collects the data and completes an annual report with the compilation of data gleaned from PREA related and supporting documents. The agency collects data from all facilities through a central reporting system using a standardized instrument and a set of definitions.

The PREA Policy contains definitions and provides support for the collection of accurate and uniform data. The agency maintains incident-based data complete enough to complete the most recent version of the instrument formerly identified as the Survey of Sexual Violence and now identified as the Survey of Sexual Victimization, upon request. The facility did not have any allegations of sexual abuse or sexual harassment during this audit period.

Provision (b):

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

According to Policy and a review of annual reports, the agency aggregates the incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. The aggregated data contributes to the development of the agency's annual report representing all facilities.

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 data is collected and various types of data are identified and related documents regarding PREA information as applicable. Policy requires that statistical information is maintained for various service areas and occurrences, including data that helps to assess the agency's progress in addressing sexual abuse. The Superintendent and PREA Coordinator are aware of the responsibility to maintain and submit any PREA related data and how the data culminates into the agency's annual report.

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.

The agency does not contract for the confinement of its residents.

Provision (f):

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Upon request, the facility completes all such data from the previous calendar year and submits to the Department of Justice in a timely manner based on the year of the most recent version of the Survey of Sexual Victimization.

Conclusion:

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

Standard 115.388: Data Review for Corrective Action**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.388 (a)**

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.388 (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 ☐ No

115.388 (c)

- 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 ☐ No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02
Annual Report

Interviews:

Acting Executive Director
PREA Coordinator
Superintendent

Provision (a):

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:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis; and
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as this agency as a whole.

The interviews and Policy support the review of data and that it is used to improve the agency's PREA efforts. The interviews and Policy 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 within the agency. The data collected from the facilities is primary to preparing the annual report for the agency.

Provisions (b)-(d):

Provision (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.

Provision (c): The agency's report shall be 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.

Provision (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The annual report is reviewed by different layers of the State's administration and has been reviewed and approved by the Acting Executive Director. There are no personal identifiers in the report. The annual reports are posted on the agency's website and contain PREA related data that represents the previous calendar years allowing for the comparison of data.

Conclusion:

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

Standard 115.389: Data Storage, Publication, and Destruction**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.389 (a)**

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
☒ Yes ☐ No

115.389 (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 ☐ No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.389 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Agency Policy ED:01.02

Agency Policy S662000, Records Retention and Disposition Schedule

Interviews:

PREA Coordinator

Superintendent

Provision (a)-(d):

Provision (a): The agency shall ensure that data collected pursuant to §115.387 are securely retained.

Provision (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.

Provision (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

Provision (d): 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.

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 annual report verified there are no personal identifiers.

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. Collaboration with the PREA Coordinator and policies support this premise.

Conclusion:

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and Scope of Audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- 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.) ☒ Yes ☐ No ☐ 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.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The previous audit was conducted in 2018. The PREA Pre-Audit Questionnaire and supporting documentation was initially provided to the Auditor on a flash drive. The Auditor was provided additional information by email and onsite, as requested. The New Jersey Juvenile Justice Commission ensures the completion of PREA audits for each facility as required.

The onsite review included all areas of the facility. The areas containing posted information were observed, including the areas where the virtual interviews were conducted. The Superintendent, Correction Lieutenant/PREA Compliance Manager, and statewide PREA Coordinator were cooperative in providing information and participating in or assisting in coordinating the interviews.

The virtual and onsite interviews were conducted in private. The PREA notices provided the general information and included instructions and Auditor contact information regarding how to provide confidential information to the Auditor. The facility has a process in place for confidential correspondence for the residents however no correspondence was received by the Auditor from residents or staff.

Standard 115.403: Audit Contents and Findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents Reviewed:

Annual Reports on Agency Website

Interviews:

PREA Coordinator

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 Acting Executive Director.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Shirley L. Turner
Auditor Signature

September 24, 2021
Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.