

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## JUVENILE FACILITIES



**[Following information to be populated automatically from pre-audit questionnaire]**

**Name of Facility:** D.O.V.E.S. RCH

**Physical Address:** 188 Lindbergh Road, Hopewell, NJ 08081

**Date report submitted:** 09/12/2014

**Auditor information**

**Address:** PO Box 4068, Deerfield Beach, FL 33442-4068

**Email:** bobbi.pohlman@us.g4s.com

**Telephone number:** 954-818-5131

**Date of facility visit:** 7/18/2014

**Facility Information**

**Facility Mailing Address:**  
*(if different from above)*

**Telephone Number:**

**The Facility is:**  Military  County  Federal  
 Private for profit  Municipal  State  
 Private not for profit

**Facility Type:**  Detention  Correction  Other:

**Name of PREA Compliance Manager:** Cara Lyons **Title:** Sr. Youth Worker

**Email Address:** caralyons@jjc.nj.gov **Telephone Number:** 609-466-0740

**Agency Information**

**Name of Agency:** New Jersey – Juvenile Justice Commission

**Governing Authority or Parent Agency:** *(if applicable)* State of New Jersey;  
Department of Law & Public Safety

**Physical Address:** 1001 Spruce Street, Suite 202, Trenton, NJ 08638

**Mailing Address:** *(if different from above)*

**Telephone Number:** 609-292-1400

**Agency Chief Executive Officer**

**Name:** Kevin M Brown **Title:** Executive Director

**Email Address:** kevin.m.brown@jjc.nj.gov **Telephone Number:** 609-292-1400

**Agency Wide PREA Coordinator**

**Name:** Luis Valentin **Title:** Chief of Employee Relations

**Email Address:** luis.valentin@jjc.nj.gov **Telephone Number:** 609-341-3196

# AUDIT FINDINGS

## NARRATIVE:

A PREA audit was conducted on July 18, 2014 by DOJ certified PREA Auditors Bobbi Pohlman-Rodgers and Pete Zeegers at D.O.V.E.S. RCH. The auditors were graciously welcomed with a tour of the facility, both inside and all outside structures. The female youth provide the tour and did a great job. We were also met by all youth, all staff, the Facility Director Kimberly Roselle and PREA Manager Cara Lyons. Pete Zeegers conducted the interviews and Bobbi Pohlman-Rodgers worked with Ms. Cara Lyons on documentation. The facility was very prepared and had all documentation organized and in binders for ease of review. At the end of the day, the state agency PREA Coordinator, Luis Valentin, was present for the exit meeting.

## DESCRIPTION OF FACILITY CHARACTERISTICS:

The facility is housed in the Charles A Lindberg, Jr. home is situated in the woods. The building is noted on the New Jersey Register of Historic Places. The youth at the program conduct tours as requested.

This is a non-secure female only facility which houses 16 youth who are committed to the program or are on probation status – 2 of the beds are reserved for relapse housing. The main characteristic is the provision of substance abuse and behavioral treatment. There is the main house and various outside structures for storage.

While residing at D.O.V.E.S. RCH, youth are able to attend Mercer Community College, both in person and on-line. Youth have access to pre-certification classes in the following areas: Animal Control, Ophthalmology Assistant, Cosmetology and Culinary. Youth are also able to obtain a job outside of the facility. The facility provides comprehensive individualized care for each youth through physical, emotional and mental support through its treatment team approach that addresses behavioral, substance abuse and developmental issues.

There is a basketball court on the property and the facility has applied and received grants for kickboxing and yoga classes for the female residents. Youth also participate in Dress for Success, a not-for-profit international program which promotes economic independence for disadvantaged women which provides professional clothing, career development and a network of support. The facility also works with the American Speaker's Bureau.

The physical building, while older, was clean and well maintained. The grounds are also well maintained and the facility is situated in the woods.

## SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	6
Number of standards met:	33
Number of standards not met:	0
Number of standards N/A:	2

### **§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Agency policy 14ED:01.02 addresses all components of the Zero Tolerance standard. Luis Valentin is the Agency PREA Coordinator and he is recognized on the organizational chart. Cara Lyons is the Facility PREA Compliance Manager. Both report sufficient time to attend to these duties.

### **§115.312 - Contracting with other entities for the confinement of residents**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
  - Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - Does Not Meet Standard (requires corrective action)
- X N/A

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency does not contract for the confinement of its residents with private entities or other entities, including other government agencies.

### **§115.313 - Supervision and monitoring**

**Overall Determination:**

- X Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy 13ED:01.29 addresses staffing plans for secure facilities. It includes an annual workgroup for the development of a proposed Secure Facility Custody Posts and FTE reports for the next fiscal year. This is comprised of staffing schedules and Scheduled hold-over rotation procedures. It requires a review of prior documents, identification of changes, preparation of new proposed secure Facility Custody Posts and FTE Report and shall be signed by both the Chief Administrative Officer and Director of Operations prior to August 1, 2014. On April 8, 2014, an annual review was completed that included all factors as required by the standard. The facility currently maintains a 1:8 day and 1:8 evening staff to youth ratio. Policy 10ED:01.02 requires unannounced rounds in secure facilities by a Sgt or higher. While not a secure facility, these are completed by the Youth Worker Supervisor and Superintendent 3x per week on each shift.

### **§115.315 – Limits to cross-gender viewing and searches**

**Overall Determination:**

- X Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy 14ED:01.02 addresses the prohibition of cross-gender searches except in emergency situations. Policy dictates that if conducted, they must be authorized and documented, including the reason for the cross gender search. The agency has specifically trained six staff as "Train the Trainers" to conduct training at their facility on cross-gender searches. There has been no instance of a male staff searching a female resident in the past 12

months. The facility reports that an incident report would be completed if a cross-gender search was conducted. The agency does provide for youth to shower, perform bodily functions, and to change clothing without opposite gender staff observing. Additionally, there is a requirement for all opposite gender staff to announce their presence upon entering any living area.

### **§115.316 – Residents with disabilities and residents who are limited English proficient**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency has available material in English and Spanish, and has established interpreting services for deaf youth. Youth with learning disabilities will be assisted through the Office of Education for ESL assistance. The agency reports that additional materials will be made available when the need is identified; however they continue to pursue other resources for providing ready-made information. One staff is certified Bi-Lingual (Spanish). The agency prohibits the use of resident interpreters.

### **§115.317 – Hiring and promotion decisions.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The State of New Jersey can consider criminal convictions and pending criminal charges for all applicants. The State of New Jersey may also access state and federal criminal databases to conduct background checks for all applicants. All employees are subject to Child Abuse Record Information (CARI) checks. However, they are prohibited by law from asking about any criminal arrest history, as an arrest unsupported by a conviction or an expunged or pardoned conviction may not be considered in considering applicants for non-law enforcement positions. The agency conducts 5-year background checks for all employees and contractors. Material omissions by an employee is subject to termination.

### **§115.318 – Upgrades to facilities and technology.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
  - Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
  - Does Not Meet Standard (requires corrective action)
- X N/A

**Auditor Comments (including corrective actions needed if it does not meet standard)**

### **§115.321 – Evidence protocol and forensic medical examinations.**

**Overall Determination**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy 1300I:01.04 requires the Office of Investigations to investigate allegations of sexual abuse. Policy 1300I:01.29 requires a uniform evidence protocol is utilized that meets the requirements of the standard. Policy

14ED:01.02 requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. All youth are offered a forensic medical examinations, that include a Sexual Abuse Nurse Examiner and at no financial cost to the youth. A victim advocate is available as requested, and this advocate is available for all interactions during the examinations, investigatory interviews and for additional support and crisis services. The identified SANE facility is Hunterdon Medical Center, 2100 Wescott Drive, Flemington, NJ 08822.

### **§115.322 – Policies to ensure referrals of allegations for investigations.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy 14ED:01.02 requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. Policy 14OOI:01.29 details all types of sexual allegations shall be investigated and details the conduct of such investigations. All allegations of sexual abuse or sexual harassment are referred to the Office of Investigators for investigation. There were three allegations at the facility: Two required only an administrative investigation and one required a criminal investigation. Two were substantiated and one was unfounded. The PREA policy can be found at the states website [www.nj.gov/lps.jjc.prea.html](http://www.nj.gov/lps.jjc.prea.html).

### **§115.331 – Employee Training**

**Overall Determination:**

- X Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy 14ED:01.02A identifies training that is appropriate to gender for all staff and requires additional training if a transfer of staff assignment. The training provided to employees includes all 11 of the required components. The agency maintains documentation of an employee's training through signature. Refresher training was held in May 2014. As this is a female facility, the agency is in the process of training all staff on "Girls Matter!". Additionally 50% of the staff is currently trained in "My Life, My Choice"

### **§115.332 – Volunteer and contractor training.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

All volunteers and contractors receive training appropriate to their level of contact with youth. This documentation is maintained through volunteer/contractor signature.

### **§115.333 – Resident education.**

**Overall Determination:**

- X Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Currently the agency provides comprehensive PREA education within 72 hours of intake, clearly exceeding the standard of comprehensive education within 10 days. At the time of screening, each youth receives information regarding the agency’s zero tolerance policy and how to report incidents of sexual abuse or sexual harassment. The *Resident’s Guide to PREA* is available in both Spanish and English. Additional resources are available through interpreters for deaf youth and through the education department as identified to assist youth. Additionally, there are posters throughout the facility and brochures made available to provide continuing information.

**§115.334 – Specialized training: Investigations.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy 14ED:01.02 identifies specialized training for investigators. In conjunction with the Moss Group, a select group of investigators has completed the Train-the-Trainer class. All investigators at the Office of Investigators have received appropriate training. The documentation of attendance is maintained through employee signature.

**§115.335 – Specialized training: Medical and mental health care.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

All medical and mental health staff have completed specialized training to include signs of sexual abuse/harassment; preserving physical evidence of sexual abuse; responding to juvenile victims of sexual abuse/harassment; and how and to whom to report allegations or suspicions of sexual abuse/harassment. No forensic examinations are conducted on site. All youth who report a sexual assault are transported to a hospital with SANE services.

**115.341 – Obtaining information from residents.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

All of the required information is gathered at intake. The JJC PREA Screening Form has been implemented that allows for documentation of youth conversation to specific questions as well as document review. This form is also used in housing placement at the facility level. Information is only available to the Administrative staff and the Social Workers.

**115.342 – Placement of residents in housing, bed, program, education, and work assignments.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy 13ED:01.02A prohibits the placement of youth into a facility, assignment of roommate, education and work assignments based on LGBTQI status. While policy allows for placement of LGBTQI youth in room restriction, temporary close custody or a Behavior Accountability Unit as a means of keeping them safe only as a last resort, this facility has one open housing area with bunk beds and therefore there is no separation from general population. Should an event occur where a youth was unable to be safe, they youth would be transferred to a more appropriate facility. Isolation is not used at this facility. Policy allows for transgender and intersex youth to be able to shower separately from other residents upon request. The JJC PREA Screening Form is used for housing placement.

**115.351 – Resident reporting.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency provides multiple ways for a youth to report allegations of sexual abuse or sexual misconduct, retaliation and staff neglect of responsibilities. Youth can report verbally, in writing as a juvenile statement or Request and Remedy to Investigators or Ombudsman, by phone to the Ombudsman/family/attorney, and by phone to the sexual abuse hotline. Additionally, the agency has implemented a PREA Complaint form that is an emergency written process for reporting. All forms are available in the dorm area. A Hotline is available for youth as needed. The hotline goes directly to the New Jersey Coalition against Sexual Assault (NJCASA).

**115.352 – Exhaustion of administrative remedies.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policies 13ED:01.27 and 09CD:13.02 address the exhaustion of administration remedies. There is a grievance system known as a Request and Remedy which requires a response within 20 days. A Request and Remedy PREA Complaint form has been created to address emergency reporting through written format and requires an immediate response. Policy allows no time frame for reporting sexual abuse or sexual misconduct and there is no requirement for an informal process to be utilized prior to the filing of a Request and Remedy. There is a third part complaint reporting information on the state website.

**115.353 – Resident access to outside support services and legal representation.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

There is on-going conversation between the agency and outside victim advocates for providing services as needed to the youth. A phone in the downstairs area provides privacy for youth to make calls. There are a number of identified victim advocacy programs that are identified and provided to each youth through the Resident

Handbook. Youth are able to contact their parent/guardian through their assigned social worker.

### **115.354 – Third-party reporting**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency has created a 3<sup>rd</sup> Party PREA Complaint Form which will be made available on the state's website. This form allows for printing or fill-able format, which can then be printed and mailed to the Commission. The address for the Commission is on the form.

### **115.361 – Staff and agency reporting duties.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy 14ED:01.02 requires all staff to immediately report any incidents of sexual abuse or sexual harassment to both the agency and the child abuse reporting agency. Staff are prohibited from revealing information to anyone who does not have a need to know. A memo dated August 20, 2014 requires reporting to the youth's attorney within 14 days, and to the parent or DCPD (if guardian).

### **115.362 – Agency protection duties.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy 14ED:01.02 requires all staff to immediately respond in the event information is discovered that incidents a resident is in substantial risk of sexual abuse. All staff are able to articulate steps to be taken. In this facility, one youth was identified in regards to sexual harassment. The youth was placed on increased supervision until the alleged perpetrator was transferred to Hayes.

### **115.363 – Reporting to other confinement facilities.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy 14ED:01.02 requires the Office of Investigators to provide, within 72 hours, notification to a facility where an allegation has been made and to document such notification. There has been no allegation to date.

### **115.364 – Staff first responder duties.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy 14ED:01.02 requires all first responders to separate the victim, preserve and protect the scene and to direct both victim and alleged perpetrator to not destroy evidence. All staff are trained as first responders. In the one incident, the youth was placed on close proximity to staff at the time she made the report until the alleged perpetrator was transferred to Hayes.

**115.365 – Coordinated response.**

**Overall Determination:**

- X Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

This facility has a facility specific checklist that addresses all requirements of a coordinated response by staff. This plan additionally addresses all outside resources by name, location and phone number. This plan is kept in a separate folder in the Copy Room where all staff have access.

**115.366 – Preservation of ability to protect residents from contact with abusers.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

All staff report there is not a provision for the express denial of removing staff from the post in the event of a sexual allegation.

**115.367 – Agency protection against retaliation.**

**Overall Determination:**

- X Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy 14ED:01.02 addresses the establishment of a policy to protect youth from sexual abuse or sexual harassment or retaliation for reporting, and to protect staff from retaliation for reporting. At the time of any report of sexual abuse or sexual harassment, the facility begins special supervision status and begins proceedings for youth transfer. A Retaliation Form is used and provides for status checks every 30 days and monitoring beyond 90 days as identified or needed. Periodic checks are also conducted for youth during their weekly counseling sessions.

**115.368 – Post-allegation protective custody.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

For youth who have been placed in segregated housing to protect them have access to all normal programming within the facility, including recreation, education, and special education programs. Segregation is not used at this program.

**115.371 – Criminal and administrative agency investigations**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy 14OOI:01.29 requires an investigation of all PREA related incidents. All investigators at the agency level are sworn law enforcement and have received appropriate training as incidents by the standard. Investigators conduct all aspects of the investigation including evidence collection, interviews and review for prior complaints. They are in contact with prosecutors on a regular basis during an investigation. The policy prohibits the use of polygraph examinations as a condition for proceeding with an investigation. Policy and state law require all evidence to be maintained, including any handwritten notes, video, audio, etc. All documents regarding incidents are maintained in a binder.

**115.372 – Evidentiary standards for administrative investigations**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency does not impose a standard higher than a preponderance of the evidence for administrative cases.

**115.373 – Reporting to residents.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy 14ED:01.12 requires that the resident be informed by the Executive Director or designee of the outcome of an allegation. Additionally, the Superintendent or designee is required to inform a resident of the stats of a case against a staff member. Policy requires all notifications to be documented. This facility documented all reporting to resident(s) the result of the investigation.

**115.376 – Disciplinary sanctions for staff.**

**Overall Determination:**

Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy 14ED:01.02 states that termination is the disciplinary sanction for any staff member who engages in sexual

abuse or sexual harassment against a youth. The policy requires notification to law enforcement for violations of sexual abuse or sexual harassment.

**115.377 – Corrective action for contractors and volunteers.**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy 14ED:01.02 addresses required responses when a volunteer or contractor has violated the agency zero tolerance policies, including reporting to law enforcement and licensing agencies (if applicable) and the prohibition of further youth contact.

**115.378 – Disciplinary sanctions for residents**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

ADM 13:101 provides for the disciplinary process of the agency. It includes a formal disciplinary process and appeals process. Disciplinary sanctions are commensurate with the nature of the incident and take into certain factors prior to imposing the sanction.

**115.381 - Medical and mental health screenings; history of sexual abuse**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policy 09MS:3.02 requires that any youth who reports prior victimization or prior perpetrated sexual abuse is to be immediately referred for medical or mental health counseling. While there is no current policy that addresses informed consent for youth over the age of 17, the agency has provided a memo from the Attorney General’s Office that implements a policy change effective immediately. This will be incorporated into the agency policy.

**115.382 - Access to emergency medical and mental health services**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Policies 13HS:01.01 and 14ED:01.02 address immediate transfer to SANE facility for treatment for youth who report sexual abuse. Medical and mental health staff is also advised and available for follow-up care upon the youth’s return. The SANE location for this facility is Hunterdon Medical Center, 2100 Wescott Drive, Flemington, NJ 08822.

**115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

14ED:01.02 requires all youth who report victimization, regardless of when and when it took place, to be referred for treatment and counseling as identified. Services are consistent with the community level of care. Victims shall receive appropriate STD counseling and treatment as identified. Treatment services are offered at no cost to youth and within 14 days.

**115.386 – Sexual abuse incident reviews**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency utilizes a Sexual Abuse Incident Review Form that allows for the documentation of all required components of the standard.

**115.387 – Data collection**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The agency gathers all information in an accurate and uniform method. The data collection process began in 2014. The data includes the SSV definitions and will be available annually on the state website. The data gathered is maintained through the Juvenile Information and Management System (JIMS) electronic record system. It is the host of all JJC information for both youth and staff. Features of this system include: resident information (demographics, testing, plans, disciplinary, financial, gang, Medicaid, and parole), staff information (demographics, current position, title, salary, disciplinary, and union affiliation), Incident tracking system and Internal Affairs tracking system.

**115.388 – Data Review for Corrective Action**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

2014 will be the first data collection report. A system is in place to review data both by individual facility and by agency total to identify problem areas, to address corrective action, and for the preparation of the annual report. This information will in 2015 be compared to the prior year information

**115.389 – Data Storage, Publication, and Destruction**

**Overall Determination:**

- Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Data will be maintained for 10 years from the date of the initial collection. Data collected will be maintained securely. Data will be encrypted and password protected to prevent unauthorized dissemination. Data will be made public beginning February 2015.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

*Bobbi Pehlman-Rodgers*

Auditor Signature

*September 11, 2014*

Date