

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 3, 2021

Auditor Information

Name: Shirley L. Turner

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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 9-10, 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: Warren Residential Community Home

Physical Address: 509 Brass Castle Road

City, State, Zip: Oxford, NJ 07863

Mailing Address: Same as Above

City, State, Zip: Same as Above

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: Steve Redmond, Superintendent

Email: steve.redmond@jjc.nj.gov

Telephone: 908-453-2032

Facility PREA Compliance Manager

Name: Tyrone McClary, Assistant Superintendent

Email: tyrone.McClary@jjc.nj.gov

Telephone: 908-453-2032

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:

22

Current Population of Facility:

12

Average daily population for the past 12 months:

18

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:

17-24

Average length of stay or time under supervision	15 months	
Facility security levels/resident custody levels	Level 1	
Number of residents admitted to facility during the past 12 months	18	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	18	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	18	
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:	28	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	0	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	7	
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

<p>Number of buildings:</p> <p>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.</p>	5
<p>Number of resident housing units:</p> <p>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.</p>	1
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	4
<p>Number of open bay/dorm housing units:</p>	0
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?

Yes No

Are mental health services provided on-site?

Yes No

Where are sexual assault forensic medical exams provided? Select all that apply.

- On-site
 Local hospital/clinic
 Rape Crisis Center
 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.

- Facility investigators
 Agency investigators
 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)

- Local police department
 Local sheriff's department
 State police
 A U.S. Department of Justice component
 Other (please name or describe: [Click or tap here to enter text.](#))
 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?

2 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*

- Facility investigators
 Agency investigators
 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)

- Local police department
 Local sheriff's department
 State police
 A U.S. Department of Justice component
 Other (please name or describe):
 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 Warren Residential Community Home, located in Oxford, New Jersey serves male juvenile offenders as a program within the New Jersey Juvenile Justice Commission (JJJ), New Jersey Department of Law and Public Safety. Program services include but are not limited to education, vocation, individual and group substance abuse counseling, mental health, general counseling, and medical services. The staff-secure facility serves a population with an age range from 17 to 24. 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. Scheduling considerations for the 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 majority of interviews with supervisors and managers were conducted remotely which included video arrangements and in accordance with the written guidance from the PREA Resource Center. The virtual interviews were conducted by both the Auditor and CMCG associate on August 3, 2021 and the site visit was conducted August 9-10, 2021. A PREA audit was previously conducted at the facility in 2018.

The agency had a vested interest in the audit being completed at the current time and provided that the challenges of COVID-19 concerns would not eliminate the occurrence of the audit and implemented safety measures. The agency, facility and Auditor supported the use of the alternative method of interviewing as a safety measure to enhance the protection of all parties involved. All randomly selected residents were interviewed onsite and random staff were interviewed onsite in accordance with the written guidance from the PREA Resource Center. The random staff that could not be interviewed onsite, due to the audit schedule and the rotation of the staff schedule, were interviewed during the post audit phase to guarantee a total of 12 interviews as required.

Information about programs, services and activities conducted at the facility are also 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 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 this 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 the CMCG Senior Vice President of Program Reviews and Audits, Flora Boyd. There was initial and follow-up communication by the Auditor with the facility Superintendent, Steve Redmond and other facility staff. The methodology, interview schedules, logistics and onsite review plans were discussed with the parties involved and the Auditor provided the opportunity for questions and clarification of information as needed.

PREA documents were provided to the Auditor initially and throughout the process as requested. During follow-up conversations with facility staff, the audit process and logistics were reviewed and adjusted as needed. Communication was also maintained with the JJC PREA Coordinator 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 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 Auditor maintained communication with the Superintendent and PREA Coordinator regarding the virtual interviews; site review; access to the various staff members; and goals and expectations of the audit process. The facility staff members and residents were receptive to the alternative method for conducting the interviews. Many staff members were already 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 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 facility staff. The audit notices were in a format that was easy to see and read and were posted at varying eye levels in public, restricted and common areas. The audit notices were provided to the PREA Coordinator who forwarded to the Superintendent, ensuring 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, any visitors, and contractors 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 up to the last minute due to COVID-19 concerns and caused a delay in the audit notices being posted. The notices remained posted for 10 days after the audit to ensure the additional 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 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 initial assessment was conducted of the information and the Auditor conducted a review with the PREA Coordinator, Superintendent and other facility staff regarding additional information to be provided and reviewed onsite.

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 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 and residents for onsite interviews were randomly selected by the Auditor based on the interview requirements. The interview schedule was developed by the Auditor with input from staff where clarity of information was needed. The areas where staff interviews occurred were observed during the onsite review. Staff was also asked during the onsite audit phase, if there was any additional information they wanted to share; no additional information was provided regarding a previous interview.

The Auditor communicated with the Superintendent and PREA Coordinator to confirm the interview and site review schedules. Assistance was provided to the Auditor in clarifying specialized PREA roles. Onsite, there was collaboration in efforts to identify residents in vulnerable categories. A resident roster was provided to the Auditor and as a result of the information received and efforts by some specialized staff, no residents were identified in the vulnerable categories. There were 12 residents in the facility on the day of the onsite review. The Superintendent conferred with other staff and discussed the population make-up with the Auditor to ensure efforts were made to identify any residents in a vulnerable category. The resident roster and information received provided for the selection of a diverse group of residents. The Auditor solicited and received input from the Superintendent regarding any

challenges in the availability of identified residents and staff for the virtual and onsite interviews.

The Auditor reviewed the documents provided initially on the flash drive and subsequently by email and conferred with the Superintendent and other facility staff for clarity of information as needed. Interviews with residents and staff were conducted to ensure the reliability of the triangulated data gleaned from the interviews; review of policies, procedures and other documents; and observations. 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 facility staff and PREA Coordinator provided documents 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	None Identified
Residents in segregated housing	NA
Residents in Isolation	NA
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.	None
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit.	None
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 and PREA Coordinator; there were no primary concerns. There was assurance by the Auditor that the process would be 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 while pointing out the restricted areas where residents may go only with staff supervision and areas where residents are not allowed.

Site Review

Key Processes and Methodology

A sign-in process for visitors entering the facility was completed upon arrival. An entrance meeting was held with the Superintendent, Steve Redmond; Assistant Superintendent/PREA Compliance Manager, Tyrone McClary; Administrator in Charge, Jeffrey Morgan; and Senior Youth Worker, Sidney Turner. The onsite review of the facility was conducted by the Superintendent; Assistant Superintendent/PREA Compliance Manager, and the Senior Youth Worker who assists with PREA Standards implementation. The comprehensive site review included observations of all areas of the main building and outside buildings and grounds. The areas examined included the reception area; offices; medical clinic; multi-purpose rooms, classrooms; housing unit; bathrooms; dining area; and outside recreation areas and storage buildings. Staff members were observed interacting with residents in class engaged in educational activities and in the multi-purpose room during leisure activities; the staffing ratios were met. During the course of the day, the Auditor encountered a resident who explained his education/life skills activity of the care and feeding of a baby. The model baby was programmed to simulate real life functions of a baby. Through this activity the resident experiences what it's like to be responsible for another person all the time and what it takes to be a responsible parent.

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 administrative and common areas of the building. The staff and residents stated that female staff announce their presence upon entering the housing area.

There are signs posted throughout the facility regarding PREA information and materials are available and accessible that contain contact information of the assisting agencies for reporting allegations of sexual harassment and sexual abuse and for seeking help as a result of sexual abuse and sexual harassment. The posted information includes instructions on accessing assistance; Request and Remedy Forms; Request and Remedy-PREA Complaint Forms; and Sick Call Forms; information about advocacy agency; 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 St. Luke Hospital-Warren Campus where a Sexual Assault Nurse Examiner is available. Victim advocacy services will be provided by Domestic Abuse & Sexual Assault Crisis Center. 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 the Community Residential Homes developing a Memorandum of Understanding with their local rape crisis center.

The available advocacy services were confirmed by the hotline operator of the Domestic Abuse & Sexual Assault Crisis Center. In addition to other services, an advocate will accompany the resident during the forensic medical examination and during the investigative interview. 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 law enforcement personnel. The advocacy services also include but are not limited to emotional support, crisis intervention, hotline access, and referrals. The community support interview/test call regarding advocacy services was conducted by the Auditor during the onsite Audit Phase.

During the onsite review, facility staff answered questions regarding resident activities and staff duties. The discussions included but were not limited to the intake process; daily activities; treatment services; medical process; staff supervision; alternative methods of communication with parents/guardians and attorneys during the pandemic; staffing ratios; recreation activities; visitation; and other processes and program services. Residents have access to writing materials as observed and determined from the interviews of residents and staff. PREA information signs are professionally printed and posted throughout the building and on all three floors and in common areas accessible to residents, staff, and visitors.

The onsite review revealed that mirrors are strategically installed to supplement direct staff supervision by providing increased visibility and a view in identified blind spots. A reasonable amount of privacy is provided to residents when they use the toilet, change clothes and shower. Sensitive information on computers is password protected and residents' confinement records are maintained in a secure manner. Request and Remedy-PREA Complaint 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 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 Warren County Prosecutor's Office and the New Jersey Department of Children and Families, Division of Child Protection and Permanency. All of the reporting information is posted and provided to residents and staff. During the 12 months prior to the audit, there were no allegations of sexual abuse or sexual harassment.

Interviews

The interviews with residents and staff assisted in understanding and confirming the facility's practices. The interviews with residents helped to determine how knowledgeable the residents were 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. Twenty-eight staff members are currently employed at the facility that may have contact with residents. A total of 12 residents were in the facility on the day of the site review. Ten residents were interviewed after being randomly selected by the Auditor and after being screened considering the vulnerable categories. There were not

targeted interviews conducted. The methodology in the PREA Auditor Handbook was considered for determining and conducting the resident interviews.

A total of 12 random staff members were interviewed covering all shifts. Fourteen individual specialized staff members were interviewed based on their job duties related to the PREA roles, including two contractors. The Superintendent was interviewed in the roles of Superintendent and Retaliation Monitor, however the interview as Superintendent was not counted as specialized staff. The Assistant Superintendent was interviewed as the PREA Compliance Manager and Intermediate or Higher-Level Staff who Conduct Unannounced Rounds; the role of PREA Compliance Manager was also not counted as specialized staff.

The Superintendent and other staff ensured all resident and staff interviews were conducted in private and residents were not coerced to participate in the interviews. The management and supervisor 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. Some of the staff encountered from the virtual interviews were identified during the onsite review. The two contractors interviewed provide services in medical and mental health services. The Superintendent, Assistant Superintendent, Sr. Youth Worker and other staff 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 significantly in gaining insight regarding processes, duties and responsibilities. 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 number of 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
Category of Staff	Number of Interviews
Number of Specialized Staff Interviews	14
Number of Random Staff Interviews	12
Total Random and Specialized Staff Interviews	26
Total Interviews: including Supt. and PREA Compliance Manager	28

The community support interview was conducted by telephone during the site review audit phase with the agency representative of Domestic Abuse & Sexual Assault Crisis Center. The interview confirmed the accessibility of advocacy services to the residents and verified the availability of services. The interviews with the residents revealed their knowledge about how to access agencies to report allegations and request assistance as a result of such.

Signs and PREA related information are posted throughout the facility. 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. Additionally, there are signs that inform that sexual safety is practiced and encourage residents to report any allegations of sexual abuse and sexual harassment.

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 by the Auditor while onsite. The PREA Pre-Audit Questionnaire, facility policies and procedures and supporting documentation were reviewed by the Auditor and communication was maintained with facility staff and the statewide PREA Coordinator.

In addition to policies and procedures, the 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; checklists; evidence of unannounced rounds; coordinated response plan; related written communication; annual staffing plan assessment; Memorandum of Understanding; Request and Remedy Form; Request and Remedy-PREA Complaint Form; Sick Call Form; staff schedules/staffing plan; personnel documents; and organization chart. 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, Assistant Superintendent, Administrator in Charge, and Senior Youth Worker 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 facility 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.

Post Site Review Phase

Key Processes and Methodology

Additional documentation confirming the occurrence of regular and five-year background screenings was provided to the Auditor by the JJC Human Resources Manager II. Communication was maintained with facility staff and the PREA Coordinator. Additional training materials and related information was provided by the PREA Coordinator.

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 Warren Residential Community Home is located in Oxford, New Jersey. It is a 22-bed facility which provides treatment services to male juvenile offenders. The New Jersey Juvenile Justice Commission (JJJ) Residential Community Homes are a part of the continuum of care. These facilities offer a less restrictive environment while maintaining security by trained staff. The JJC operates 10 Residential Community Homes and are intended to accommodate juveniles who have committed less serious offenses or are nearing the end of their sentences and preparing to return home.

Residents of the New Jersey Training School who are over 16 years old and serving between 30-40 months, with some exceptions, are eligible for admission to the WRCH. The exceptions include residents who have been charged with arson, homicide, manslaughter, or sexually related charges. Program completion is determined by the New Jersey State Parole Board and is based on the length of sentence and program performance. The Warren Residential Community Home (WRCH) has been in operation since it was established in 1960. It specifically serves those residents identified with substance abuse problems.

Treatment services and activities at the facility include: individual and group substance abuse counseling; mental health services; medical care; education and vocational services; job readiness/life skills classes; gang intervention; development of coping skills; and various recreation activities. Anger Replacement Training is also provided and include moral reasoning and pro-social skills training and anger control techniques. Residents are eligible for family counseling; parenting/fatherhood groups; employment; Preparation for Independence Program; online college courses; and Supportive Work Program. Opportunities to attend various religious services and faith-related events are also available.

Individual treatment needs are determined by the Comprehensive Intake Assessment which is updated monthly through the Case Action Plan meetings. Aftercare services are provided through Juvenile Parole and Transition Services in conjunction with the WRCH Case Action Plan Team. Re-entry plans are developed for each resident to assist him with the transition from the facility back to the community. Residents regularly participate in community service activities in the local community through the JJC Restorative Justice Program. They volunteer their time at the animal shelter, nursing home, and various community cleanup projects.

While a primary focus of the facility is to address anti-social thinking and behavior, academic improvement is also an essential part of the facility programming. A full education curriculum is provided, aimed at the pursuit of a high school diploma or GED. Residents were interviewed who had received a high school diploma or GED. Special education services are also provided as determined by education staff. Physical education classes are provided in accordance with

the resident's local high school requirements. Vocational opportunities are provided with the goal of developing marketable skills that will help the resident become a productive citizen upon release from the facility.

Residents have access to 24-hour medical and mental health services which include onsite and on-call services. Medical and mental health services are contracted through Rutgers University. Routine medical services are provided onsite by a Registered Nurse. The residents have access to visits by a Nurse Practitioner and visits by a physician where indicated. During the site review, the Nurse demonstrated how residents may be seen with a reasonable amount of privacy through the use of a mobile screen in the clinic while security is maintained. Residents receive a medical screening during the intake process. All residents have access to the Sick Call Request Forms and to the Nurse. Referrals will be made to the appropriate medical, dental, or vision specialist outside of the facility where indicated.

A psychologist provides mental health services to the facility onsite on a regular basis. Counseling services are available on a group and individual basis, either with the psychologist or with social work staff. Services may be accessed through the use of the Sick Call Request Form or by referral from an identified staff member. An office is made available to the Psychologist providing for privacy. Residents are informed of medical and mental health services as a part of the new admissions orientation process.

Direct care staff members and supervisors are responsible for the daily and direct supervision of residents and manage them during daily activities. The staff to resident ratio was observed to be met in all areas of the facility during the comprehensive site review. Mounted mirrors support the direct supervision provided by staff and are strategically placed for increased visibility especially for identified blind spots. Interactions between direct care staff and residents were observed to be pleasant.

The facility consists of one primary building with three floors, including the basement. The grounds also contain three storage buildings and a building that contains a maintenance area and the weight room. There is a primary entrance in the front of the main building where sign-in/out procedures are implemented by staff. This area consists of the primary administration office. Additionally, the building contains additional offices; recreation room; classrooms; medical clinic; storage closets; housing area which contains four multiple occupancy rooms; multi-purpose room; locker room; kitchen; dining area; staff command center/hub; and laundry room.

There has been significant renovation to the bathroom and showers providing privacy to residents while they change clothes, use the toilet and shower. As an added security measure, a light automatically comes on in the showers when anyone enters. Use of the bathroom and showers is supervised by direct care staff. All residents interviewed stated that female staff members verbally announce their presence upon entering the housing area. During the onsite review, the verbal announcement was utilized to inform the residents that a female was entering the housing area.

In addition to the other buildings, the outside grounds contain a basketball court, volleyball court, and a large recreation area that can accommodate various sports and other activities. When the weather permits, recreation and exercise periods are provided on the outside grounds. In the rear of the immediate property is a lake and there is a table and benches located on the side and behind the main building. A garden is also located on the property.

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 and receive 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 through avenues of communication. 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 residents' 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 regular and special visitation.

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/Facility Organization Chart

Interviews:

PREA Coordinator

Superintendent

Assistant Superintendent/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 Policy is aligned with the standard and provides guidance to staff regarding the facility's approach to preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. The Policy provides and address 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 JJC 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, PREA Compliance Manager and Senior Youth Worker 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. The Superintendent, Assistant Superintendents and Senior Youth Worker collaborate in the PREA efforts as determined from interviews, observations, review of documentation and continual communication between the Auditor and the PREA Coordinator and facility staff.

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.

One of the facility’s Assistant Superintendents has been designated as the PREA Compliance Manager. The Senior Youth Worker assists in the implementation of PREA Standards and is the primary staff responsible for data gathering. The interview with the Assistant Superintendent/PREA Compliance Manager 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, other facility staff, and the PREA Coordinator. Agency Policy provides for the designation of the 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.

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 (2020)
Agency Policy CP:09.01, Juvenile Supervision
Staff Schedule/Staffing Pattern
Procedures for Scheduled Overtime and Non-Scheduled Overtime
Annual Staffing Assessment
Unannounced Rounds Forms
Log Entries

Interviews:

Superintendent
Assistant Superintendent/PREA Compliance Manager
Administrator in Charge
Senior Youth Worker

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 direct care 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. Observations during the site review and interviews supported the PREA staffing ratios are maintained. The Superintendent reviews the work schedule at least every two weeks and the administrators ensure the ratios are met. Staff may sign up for overtime or supervisors may assign overtime as needed.

Provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interviews which outline staffing requirements. The work schedules are based on the facility's staffing plan and the levels of supervision required for each resident. The interview with the Superintendent revealed collaboration and review of the work schedules 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; composition of the resident population; inclement weather; and emergencies. Additionally, consideration is also given to the levels of supervision implemented based on the resident's behavior, emotional state, and adjustment to the program.

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 facility 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 Superintendent, Assistant Superintendent, and Administrator in Charge monitor the effectiveness of the work schedules based on the staffing plan requirements. The staffing plan ensures the PREA ratios are met and staffing practices provide for additional staff for days and times when increased staffing is required. The facility implements the guidance contained in the Procedures for Scheduled Overtime and Non-Scheduled Overtime, as needed, to ensure adherence to the staffing ratios.

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 by the direct care 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 interview with the Superintendent. 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 site review and review of documentation. Direct care staff members provide observation of residents and were observed interacting with residents appropriately. The average daily population for the last 12 months has been 18. 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.

The Office of Community Programs, Community Program Staffing Plan Meeting, was conducted May 26, 2021 and included the Director of Community Programs; Human Resources Manager; Regional Administrators; and the statewide PREA Coordinator. Collaboration with the facility Superintendent is through the Regional Administrator. The meeting minutes document reviews of service areas that include but not limited to the following: prevailing staffing patterns, review of staffing plan; composition of resident population; and review of other areas related to adequate supervision. The review considers any adjustments that need to be made through input from the attendees. The annual assessment documents the summarization of the review including staffing information, review of any substantiated or unsubstantiated incidents of sexual abuse, and any physical plant issues. There were no allegations of sexual abuse or sexual harassment and the facility does not have an electronic monitoring system. 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 that are conducted by management staff members and supervisors. The documents show the rounds are made at various times. A form is used which records the areas visited. It was recommended that a comments section be placed at the bottom of the form for documenting detailed observations and recommended follow-up as needed. The interviews and review of documentation and Policy confirmed the unannounced rounds occur.

The staff is not informed of when the rounds will occur and the visits are provided for in the PREA Policy. The unannounced rounds are conducted throughout the facility to identify and deter sexual abuse and sexual harassment. Staff members are prohibited from alerting other staff when the rounds are occurring. The areas of the facility are assessed during the unannounced rounds to determine proper routines are being followed; staffing requirements are met; appropriate staff positioning; and location and safety of residents. 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
New Jersey Administrative Code
Training Curriculum

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 male staff conduct searches. The training materials and interviews reveal that staff receive training on how to conduct searches, including cross gender searches pat-down searches. Staff participation in the training is documented. Staff interviews confirmed awareness of how to conduct searches. No residents or staff interviewed reported the occurrence of any cross-gender searches. 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 Director of Community Programs. 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. There was no evidence of documenting any cross-gender 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 are followed and were explained by staff during the onsite review and confirmed during interviews. Residents are able to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them, as supported by the interviews. No residents interviewed reported ever having been naked in full view of the opposite gender staff while showering, changing clothes, or performing bodily functions. It was observed that residents have a reasonable amount of privacy during use of the bathroom. The bathroom has been renovated to include areas with toilets, sinks and showers which provides privacy to residents. A security feature is that a light automatically comes on when someone enters. This function was observed during the onsite review.

The residents stated that female staff announce their presence prior to entering the housing unit and male staff may also announce the presence of female staff when they see them approaching the housing unit. The practice of opposite gender staff announcing their presence was confirmed by the random staff interviews. The evidence supports that residents shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks or genitalia. The bathroom protocols and renovations do not include staffs' ability to view the resident's body while supervising bathroom breaks or showers. 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., 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
Letter Confirming Services
Letter of Procedures to Request a Translator
Resident Handbook, Spanish
Posted PREA Information, Spanish
PREA Brochure, 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 letter from the Superintendent to all staff outlines the process for obtaining an interpreter. The name of the provider and telephone number are contained in the letter.

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 various 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:

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 been significant renovation to the bathroom and showers since the last PREA audit. The renovations include a configuration of the shower and toilet areas to provide privacy to residents while they change clothes, use the toilet and shower. As an added security measure, a light automatically comes on in the showers when anyone enters the area.

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 facility does not have a camera system or other type of electronic surveillance system. Security mirrors, strategically placed, continue to supplement direct supervision provided to residents by staff.

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

Memorandum of Understanding, New Jersey Coalition Against Sexual Assault

Posted Information

Training Curriculum

Interviews:

Random Staff

Nurse

Superintendent

Representative, Domestic Abuse & Sexual Assault Crisis Center

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 or Assistant Superintendent who are identified as facility-based investigators. Allegations of sexual abuse may also be reported to the Warren County Prosecutor's 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 the 12 months prior to the audit, there were no allegations of sexual abuse or sexual harassment.

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 St. Luke Hospital-Warren Campus by a Sexual Assault Nurse Examiner. The Sexual Assault Response Team (SART), located in the Warren County Prosecutor's Office, contains a Sexual Assault Nurse Examiner. The contact information for the SART Coordinator is posted in the facility, accessible to residents as a resource for reporting allegations of sexual abuse. Continuity of care will be provided at the facility to include medical and mental health follow-up services. Forensic examinations will be provided at no cost to the victim. No forensic medical examinations were conducted during this audit period.

Provisions (d) & (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 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 the Community Residential Homes developing a Memorandum of Understanding with their local rape crisis center. The lack of the local written agreement has not hindered the availability of victim advocacy resources for the residents. The advocacy agency follows all applicable laws and regulations with respect to confidentiality.

The victim advocacy services include:

- 24-hour hotline;
- Access to Information;
- Referrals;
- Accompaniment services;
- Follow-up support services; and
- Emotional Support

Information regarding victim advocacy services is initially provided to the residents during the intake process, according to staff and residents, and is provided through the accessibility of posted information. Victim advocacy services are 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, Superintendent or Assistant Superintendent, 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 background and training of some treatment staff provide them with familiarity of general sexual assault and forensic examination issues and they may be of service to a resident as an advocate if needed.

Conclusion:

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

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
Facility PREA Investigation Form
PREA Tracking Log
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 no allegations of sexual harassment or sexual abuse during this audit period.

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 facility'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.

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 Logs
Training Certificates

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 28 staff members that may have contact with residents 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 males 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.

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/logs, certificates and verified through staff interviews and the training curriculum. Staff also sign acknowledgement statements to indicated receipt of some 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, and interviews confirmed the receipt and awareness of PREA training by the contractors and accessibility by volunteers when applicable. The interviews and documentation indicated 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 Brochure
 Acknowledgement Statements
 Resident Handbook
 PREA Education Sign-In Sheets
 Intake Packet

Interviews:

Residents

Social Worker II

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.

During the onsite visit a written plan was presented that has been implemented with planned formal time periods for PREA refresher sessions for 10 days after admission and quarterly with the sessions being documented. The residents sign acknowledgement statements which represent receipt of the PREA information provided. The interviews with the residents revealed their understanding of the information covered in the PREA education session during the intake process and the posted information.

The PREA education packet provided to residents during the intake process contains 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)." 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 PREA packet.

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.

Based on the evidence shown documenting the PREA education sessions in Provisions (a) and (b), including interviews, all residents have received PREA education. The facility reports that 18 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.

A letter acknowledging available accommodation services exists from the central office 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.

Signed 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.

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 harassment and sexual abuse and how to request advocacy services. PREA 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 resident 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. Two staff members have been identified as facility-based administrative investigators; the Superintendent and Assistant Superintendent. The Agency has a total of 15 Investigators.

Provision (c):

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

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

Provision (d):

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

All investigators have received training courses as documented by interviews and 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

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 document regular PREA training and the specialized training for medical and mental health staff members. The specialized training provides guidance based on the tenets of this provision.

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. Residents will be taken to the St. Luke Hospital-Warren Campus.

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. 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 the 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 Assessment
Admission Forms

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.

The Policy provides for each resident to be screened for risk of victimization or abusiveness 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 on the day of admission. 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. The accompanying record of the youth 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 revealed the practice of the risk screening being conducted in accordance with the Policy and Standard. Screening instruments and the interview confirmed the collective 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. It is reported that 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 18. The risk assessments and reassessments are accessible to Social Workers and management staff, if needed. 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 tabulated based on the information received where identified responses can identify any special needs and safety concerns. Assessments are conducted through the use of the objective primary instrument containing items that collectively provide a presumptive determination of risk for victimization or abusiveness. Additional assessment tools are used by clinical staff which 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 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 was 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 the first day of admission to the facility.

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. There were no residents identified as having disclosed prior victimization or perpetrated sexual abuse within this audit period.

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.

The information to complete the risk screening instrument is gleaned from the youth's confinement record. Information in determining the risk for victimization or abusiveness is obtained through interviewing the youth and reviewing his record. The facility is aware of the youth's pending arrival and treatment staff has the opportunity to review the records and behavior 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 treatment 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 the 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.

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
Agency Policy CP:09.01, Juvenile Supervision
Special Supervision Status Report
Special Supervision Status Checklist
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.

Isolation is not used in this facility and a potential victim or victim of sexual abuse was not identified during this audit period. The staff interviews indicated that protective measures would be taken immediately when needed and includes separating residents from each other; place on a heightened level of supervision; notify other staff, including supervisors and administrators; and document the information. There were not any residents identified as at risk of sexual victimization in the 12 months preceding the audit.

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.

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. The interview with the Social Worker confirmed that 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 residents 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 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 his 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.

Transgender or intersex residents are given the opportunity to shower separately from other residents which is supported by staff and Policy. The facility has not housed a transgender or intersex 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.

Isolation is not used in this facility. 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 his status is frequently documented. A youth may be separated from others by being supervised by staff in an area or room where a door is not closed or locked. According to the PREA Policy, the juvenile may be segregated from the general population for only the period necessary to maintain safety and security. No residents were determined at risk of sexual victimization 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 facility does not use isolation. 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
Request and Remedy-PREA Complaint Form
PREA Brochure
Resident PREA Packet
Resident Handbook
Posted PREA 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.

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 of sexual abuse or sexual harassment by telephone through the 24-hour abuse reporting hotline. There is a dedicated telephone located on the ground floor that is used exclusively for reporting allegations of sexual abuse or sexual harassment and may be used to access victim advocacy services. During the onsite review, the dedicated telephone was tested 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 in offices are accessible to residents for reporting allegations of sexual abuse and sexual harassment. Staff members' interviews confirmed that they cannot impede a resident's use of the telephone which is 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.

In addition to accessing a telephone and utilizing the abuse reporting hotline residents are informed in the PREA education session, determined from the interviews, that they may tell or write a note to staff; tell a family member or other person that does not work at the facility; submit a complaint in writing utilizing the Request and Remedy-PREA Complaint Form; or call or write the Ombudsman. 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 number is posted in the facility and at the dedicated telephone for reporting allegations of sexual abuse and sexual harassment.

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; or talk to staff to privately report allegations of sexual abuse and sexual harassment. The resident is provided the hotline number in writing and the reporting information is posted by the dedicated telephone.

Residents have access to writing materials; Request and Remedy-PREA Complaint Form; Sick Call Request Form; 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 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. The dedicated telephone is located on the ground floor, accessible to all residents. Telephones located in offices may also be used by the residents for reporting allegations. The reports of sexual abuse or sexual harassment are accepted and referred for an investigation. The residents may report allegations to the abuse reporting hotline. The resident is provided information for also reporting allegations of sexual abuse to the Warren County Prosecutor's Office.

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 facility's website.

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 Form. Each resident is provided a Resident Handbook and PREA packet which contains information regarding reporting allegations. All residents have access to the forms 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.

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 or talk directly with their supervisor or administrative staff.

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-PREA Complaint Form
Resident Handbook

Interviews:

Random Staff
Residents
Superintendent
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-PREA Complaint Form related to PREA allegations at any time regardless of when the incident is alleged to have occurred and residents are not required to use an informal process for any situation regarding sexual abuse.

The completed Form is placed in a locked box; the Forms and locked box are accessible to all residents. The Forms are collected by the Superintendent, Assistant Superintendent, or Shift Coordinator and forwarded to the JJC Ombudsman. 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 a facility-based investigator or an investigator from the Office of Investigations 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 that 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.

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 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 will be in writing. There have been no allegations of sexual abuse during this audit period.

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 his behalf.

When third-party reports of allegations of sexual abuse or sexual harassment are received, the policies and procedures for reporting and investigating allegations of sexual abuse or sexual harassment are initiated and a report is made as required by Policy. An investigation will be conducted by an investigator as deemed appropriate. 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." There have been no allegations of sexual abuse during this audit period.

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
 Resident PREA Packet
 Consent Form
 Resident Handbook
 Homeland Security PREA Information
 Posted PREA Information

Interviews:

Residents
 Superintendent
 Operator, Domestic Abuse and Sexual Assault Crisis Center

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.

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 the Community Residential Homes developing a Memorandum of Understanding with their local rape crisis center. Residents receive a PREA packet upon admission which contains a list of various hotlines for assistance and a brief narrative about the agencies.

The advocacy services to be provided were confirmed by the hotline operator of the Domestic Abuse and Sexual Assault Crisis Center. She also explained how the call from a resident would be routed. In addition to other services, an advocate will provide accompaniment. 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 law enforcement personnel. The advocacy services also include but are not limited to emotional support, hotline access, and referrals. 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 on the wall at the dedicated telephone for reporting allegations and requesting 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 posted information provides adherence to confidentiality measures. Over half of the resident interviews indicated their knowledge of the confidentiality of advocacy services. Review of the posted information and services 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.

The advocacy agency representative's interview documents the availability of advocacy services including but not limited to emotional support, accompaniment and referrals. The continued efforts to complete a MOU with the local agency will more clearly define, in writing, the responsibilities of the advocacy agency.

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.

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 and other Printed Materials
Website Information
Resident PREA Packet

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 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
PREA Checklist

Interviews:

Random Staff
Superintendent
PREA Coordinator
Psychologist
Nurse

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 provides 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 will be made as soon as possible to the investigative entities and parents/legal guardians, based on Policy and interviews. The interview with the Superintendent confirmed that a resident's caseworker rather than a parent would be notified where indicated by the resident being under the guardianship of a child welfare agency. The resident's attorney 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. There was no allegation of sexual abuse or sexual harassment during this audit period.

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. 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

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 that 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 his stay in another facility will be reported and investigated as required. In the past 12 months, there was no allegation reported of sexual abuse occurring at another facility.

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
PREA Incident/Initial Contact Checklist
Staff Reference Guide

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 PREA Checklist serves as a reminder of actions to take and provides for confirming the actions taken. The Checklist 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 on the unit, 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. 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

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, 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 of the steps to take.

The 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 facility 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 - AFSCME New Jersey Council 63 and its Affiliated Locals
Agreement - Communications Workers of America

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 form 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.

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
PREA Tracking Log

Interview:

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 will be documented. The Superintendent is 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 interviews and were aligned with Policy. Implementation measures to protect residents from retaliation include but are not limited to room changes; removing alleged staff or resident; and change in shift assignments; provide emotional support, including mental health services. The retaliation monitoring will be documented and follow-up checks with the parties involved will ensure safe feelings and identify whether retaliation is occurring. The interviews confirmed the measures to detect and protect staff and residents from retaliation by others.

Provision (c):

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

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

Provision (d):

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

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

Provision (e):

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

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

Provision (f):

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

The obligation to monitor for retaliation terminates, if it is determined that the allegation is unfounded, in accordance with Policy. The interview 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.

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

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.

Isolation is not used in this facility and a potential victim or victim of sexual abuse was not identified during this audit period. The staff interviews indicated that protective measures would be taken immediately when needed and includes separating residents from each other; place on a heightened level of supervision; notify other staff, including supervisors and administrators; and document the information.

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
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.

Based on Policy, training curriculum, and interviews, trained investigators conduct investigations of allegations of sexual abuse and sexual harassment. Investigations are conducted thoroughly and objectively based on the training provided and interviews. Sexual abuse and sexual harassment allegations are investigated by the 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 Warren County Prosecutor's Office and the New Jersey Department of Children and Families, Division of Child Protection and Permanency. All of the reporting information is posted and provided to residents and staff. During the 12 months prior to the audit, there were no allegations of sexual abuse or sexual harassment. The random staff interviews and Policy provide that third-party and anonymous reports are also investigated as required.

Provision (b) 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 Investigator gathers 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 Warren County Prosecutor's Office regarding 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 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 that the agency/facility is kept informed of the progress of an investigation. Communication is maintained between facility staff and the applicable 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
PREA Tracking 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 will be documented on the Notification to Juvenile Form and provided to the resident by the Superintendent. There is awareness of the requirement.

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 informal conversation.

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

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
Administrative Code 13:101-2.2; 2.3; 4.1
Handbook on Discipline

Interviews:

Superintendent
Psychologist
Nurse

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 Handbook on Discipline. 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 his 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 or access to the behavior management system. Staff members and other contractors within the mental health area are equipped to develop treatment planning and interventions to address underlying reasons or motivations for the abuse with alleged victims and offending residents.

Provision (e):

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

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

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 and provided that informed consent may also be documented in the Nurse's notes or case notes.

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 Checklist
MOU, NJCASA

Interviews:

Psychologist
Nurse
Operator, Domestic Abuse and Sexual Assault Crisis Center

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 timely and unimpeded access to emergency medical treatment, crisis intervention services, and advocacy services. The facility's clinical staff members included that the nature and scope of their services are determined according to their professional judgment. Residents are informed of clinical services, meet with those 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 St. Luke Hospital-Warren Campus 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 Checklist serves as a reminder of actions to

take and provides for confirming the actions taken by staff and to document protocols were followed regarding the emergency situation. Medical and mental health staff members maintain secondary materials and documentation of encounters with residents.

Provision (b):

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to §115.362 and shall immediately notify the appropriate medical and mental health practitioners.

The interviews with clinical staff revealed residents have access to unimpeded access to emergency services, onsite and on call. Policies provide guidance to staff in protecting residents and for contacting the appropriate staff and agencies regarding allegations or incidents of sexual abuse, including contacting treatment staff and investigative entities. A review of the documentation and Policies; observations of the interactions among residents and staff during the site 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 confirmed processes and services are in place for an alleged victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. If needed after an incident, follow-up services 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 over-arching advocacy agency but not yet with a local agency although one will provide services upon request and are accessible through the hotline service. The PREA Coordinator continues to address the individual MOUs with the Residential Community Homes.

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 Forms and posted locked box for the receipt of the Forms are accessible to residents. Medical and treatment services are reviewed 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. Additionally, directions contained in a discharge summary will be followed.

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 onsite review underscored the treatment services at the facility are consistent with the community level of care.

Provision (d):

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

The facility houses male residents only.

Provision (e):

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

The facility houses male residents only.

Provision (f):

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

The interview with the Nurse ensures that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate and as part of the medical treatment at the hospital. There have been no allegations of sexual abuse during this audit period.

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. The Psychologist confirmed that 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.

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

PREA Compliance Manager

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 interviews reflected an understanding of the role of the incident review team. A review of Policy and the interviews confirmed incident reviews will be conducted regarding the investigation of an allegation of sexual abuse, unless unfounded and in accordance with the Policy. The interviews confirmed this premise and the function of the incident review team. The Superintendent described an onsite team as well, consisting of himself, Assistant Superintendent, Nurse, social services staff, and a direct care staff representative if needed.

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 incident reviews will occur within the stated time period. The interview revealed knowledge of the purpose of the incident review process.

Provision (c):

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

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

Provision (d):

The review team shall:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- (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 the incident review team. The interview and review of Policy confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation.

The meeting minutes are 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 Acting Executive Director and the facility's Superintendent and the PREA Compliance Manager.

Provision (e):

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

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:

PREA Coordinator

Superintendent

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 is 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:

PREA Coordinator
Superintendent
Acting Executive Director

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
Internal Affairs Policy and Procedures, 9.4 Retention Schedule

Interviews:

Superintendent
PREA Coordinator

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 are securely stored; electronic records are password protected. The agency specific resident Information database is maintained for at least 10 years, according to the PREA Coordinator.

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, Assistant Superintendent, Administrator in Charge, Senior Youth Worker, 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 3, 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.