

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 04/17/2017

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| Auditor Information | | | |
| Auditor name: Bobbi Pohlman-Rodgers | | | |
| Address: PO Box 4068, Deerfield Beach, FL 33442-4068 | | | |
| Email: bobbi.pohlman@us.g4s.com | | | |
| Telephone number: 954-818-5131 | | | |
| Date of facility visit: 03/14/2017 | | | |
| Facility Information | | | |
| Facility name: Albert Elias Residential Community Home | | | |
| Facility physical address: 479 West Burlington Street, Bordentown, NJ 08505 | | | |
| Facility mailing address: <i>(if different from above)</i> PO Box 479, Bordentown, NJ 08505 | | | |
| Facility telephone number: 609-324-3610 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input checked="" type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input type="checkbox"/> Correctional | <input type="checkbox"/> Detention | <input checked="" type="checkbox"/> Other |
| Name of facility's Chief Executive Officer: Furqan Sharif, Superintendent | | | |
| Number of staff assigned to the facility in the last 12 months: 22 | | | |
| Designed facility capacity: 25 | | | |
| Current population of facility: 8 | | | |
| Facility security levels/inmate custody levels: Minimum | | | |
| Age range of the population: 18-21 | | | |
| Name of PREA Compliance Manager: John R Davis, III | | Title: Assistant Superintendent | |
| Email address: john.davis@jjc.nj.gov | | Telephone number: 609-321-3610 x 3619 | |
| Agency Information | | | |
| Name of agency: New Jersey Department of Public Safety - Juvenile Justice Commission | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text. | | | |
| Physical address: 1001 Spruce Street, Trenton, NJ 08625 | | | |
| Mailing address: <i>(if different from above)</i> PO Box 107, Trenton, NJ 08625-0107 | | | |
| Telephone number: 609-292-1400 | | | |
| Agency Chief Executive Officer | | | |
| Name: Kevin M Brown | | Title: Executive Director | |
| Email address: kevin.m.brown@jjc.nj.gov | | Telephone number: 609-292-1400 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Luis A. Valentin | | Title: Chief of Employee Relations & Legal Affairs | |
| Email address: luis.valentin@jjc.nj.gov | | Telephone number: 609-341-3196 | |

AUDIT FINDINGS

NARRATIVE

The Albert Elias Residential Community Home received an on-site PREA audit beginning March 15, 2017 by DOJ Certified PREA Auditor Bobbi Pohlman-Rodgers. Initially scheduled for March 14, 2017, a state-wide emergency due to weather was issued, and the audit was delayed one day.

Prior to the on-site audit, the auditor sent to the facility the Audit Notices in both English and Spanish to be posted at the facility in areas that were accessible to both residents and staff. The facility provided to the auditor, within 4 weeks of the audit, a completed Pre-Audit Questionnaire and flash drive which contained all requested documents. One week prior to the audit, the auditor contacted the Superintendent and reviewed the daily itinerary, as well as requested additional documents to be made available upon the auditor's arrival. These documents included a list of staff and residents from which the auditor would select interviewees.

The auditor met with Superintendent Furqan Sharif and Assistant Superintendent/PREA Compliance Manager John Davis on March 15, 2017. The discussion included the daily activities for the one day on-site audit, interviews, tour of the facility, additional documentation request time frames, and the process of the final report. Additionally, the Agency-wide PREA Coordinator, Chief of Employee Relations & Legal Affairs Luis A. Valentin was present for a portion of the audit.

A tour of the facility was conducted. The facility is a three story building and the tour included all three levels and all areas. There are no cameras at this facility. The auditor observed four PREA bulletin boards created by youth on each level of the facility that contained information on staying safe and how to report sexual abuse and sexual harassment, and the pre-audit notice was posted in a variety of areas of the facility that both residents and staff had access to view.

Immediately following the tour, the auditor reviewed the list of staff and residents. The auditor selected at random both staff and residents to interview. Interview selection included 8 residents, 8 random staff, and 10 specialized staff positions. The auditor also conducted a phone interview with the Agency Head, Human Resources, and the Investigator. The medical staff and intake staff were also interviewed two days prior to this audit.

At the conclusion of the day, an exit meeting was held to discuss concerns that had been addressed during the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

Albert Elias Residential Community Home is located in Bordentown, New Jersey. This facility has been in operation since 1952 and is currently located on the Johnstone Campus. Historically from 1952 until 2013, the Albert Elias Residential Community Home was located in Hopewell Township in the former home of famed aviator, Charles Lindbergh. The house is best known as the site where Charles Lindbergh's son was kidnapped. In June 1933, Anne Lindbergh wrote that the house would be turned over to a Board of Trustees and she named it "Highfields". In 1941, the house was turned over to the State of New Jersey in memory of Charles Lindbergh. On July 1, 1952, the house began use as a juvenile rehabilitation center by the New Jersey Department of Corrections.

Highfields is sometimes referred as the Mother of the "fields" concept. It was the first to adopt the idea that youthful offenders could be best served and rehabilitated in a community setting. One of the Founding Fathers was Dr. Albert Elias. It was originally designed for probationers as an alternative to incarceration at the New Jersey State Home for Boys, as it was known at that time. Residents would enter the facility via court order which continues to be the mode of entry for probationers. Dr. Albert Elias and others developed the curriculum and structure duplicated in many "fields" programs of the era, I.E. Normative Culture, Guided Group Interaction, Community Services, Education and Vocation.

Albert Elias RCH moved to the Johnstone Campus in 2013 and is host to the New Jersey Juvenile Justice Commission's "Work Readiness Program". The program services up to 25 male residents ranging in age from 17 and older. The program accepts adjudicated youth that have achieved either a high school diploma or General Equivalency Diploma (GED). Program participants are provided with the basic work and life skills deemed necessary for employment. Participants develop occupational skills through structured learning opportunities such as work-based experiences, community services, and residential living. The goal of this specialized program is to enable participants to be successful in the workplace and community upon transitioning home.

The facility has contracts for resident work. Up to 14 residents can be employed at the Department of Treasure – Bureau of Special Services (BOSS) warehouse facility where they work as furniture restorers and computer technicians, or assist with general warehouse needs. These residents earn an hourly rate and certifications relating to the skill acquired. The facility also has contracts to provide workers with Industrial Housekeeping (Amazon Warehouse), McDonalds, Foreman Mills and Dollar Tree. Residents earn the New Jersey state minimum hourly wage.

In addition to the components of the "Work Readiness Program", residents are exposed to a variety of skill building activities. All residents attend house meetings, individual or group counseling, individual case planning, family visits, and obtain a Motor Vehicle Identification.

- Life skill classes include Phoenix, Playing Up (pilot program), Culinary Arts Program (10 weeks), and Financial & Budgeting (Wells Fargo Bank).
- Social skills curriculum, including instruction in parenting and substance abuse prevention.
- Educational opportunities include on-line classes at Mercer County College in the areas of Criminal Justice, Psychology and History.
- Vocational courses are available through Mercer County Institute Technology and include Welding and Automotive Technology classes.
- Treatment curriculum that utilized the Phoenix Gang Prevention modalities.
- Job readiness classes that focus on resume writing, interview skills, appropriate dress, and conduct.
- Post-secondary education readiness instruction that focuses on the application process, SAT process, pre-admission testing, and student/financial aid application.
- Participation in Preparation for Independence (PIP), when eligible, allowing residents to return home for increased lengths of time in order to prepare for their ultimate transition home.

Albert Elias RCH is a three-story building that contains 18 bedrooms on the upper level. There are two general bathrooms that provide for resident privacy. On this level are also large rooms used for a variety of activities that include groups, recreation, computers and a TV room. Recreational opportunities on this upper level include a video gaming area, pool table, foose ball table, and table tennis.

The main level of the facility contains all administrative areas and offices that include a control room, staff room, medical clinic, social services office, program service offices, social worker offices, supervisor's office, kitchen, dining area, and two

conference rooms. There is also a large multi-purpose room for youth activities. Due to the emergency weather condition, this multi-purpose room was in use by a program who had been evacuated due to the storm and was not accessible to any resident of Albert Elias RCH.

The lower level of the facility contains a caged stairway with secure door, weight room, storage areas, laundry room, barber room, and phone room.

An outdoor secure area provides room for residents to socialize in an informal setting and to play baseball.

SUMMARY OF AUDIT FINDINGS

The on-site audit concluded with a meeting between the auditor, the Superintendent, and the Assistant Superintendent/PREA Compliance Manager. The auditor addressed 8 areas where additional information would be needed to make a determination of compliance. Prior to the writing of this report, the facility provided documentation that met the needs of the standard and the auditor for compliance.

Staff interviews confirmed the staff's knowledge of policies, procedures, and practices, as well as expectation of protecting residents. Residents were able to articulate the various methods of reporting sexual abuse and sexual harassment. Throughout the facility, PREA information was visible to both youth and staff.

The auditor thanks the New Jersey Juvenile Justice Commission and staff for their dedication towards compliance with PREA standards. They are welcoming and open to auditor interpretations. It has been this auditor's pleasure to work with this agency and facility.

Number of standards exceeded: 6

Number of standards met: 32

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy establishes a zero-tolerance towards all forms of sexual abuse and sexual harassment involving juveniles in its facilities. The Policy includes prohibited behaviors regarding sexual abuse and sexual harassment. The policy addresses strategies and responses used to reduce and prevent sexual abuse and sexual harassment in areas of Screening, Orientation and Training, Hiring and Promotion and Selection of Contractors, Searches, Segregation and Spot Inspections, Reporting, Emergency Procedures, Coordinated Response, Sexual Abuse Allegations, Investigation Procedures, Notifications, Retaliation, Discipline for Violations, Data Collection and Review. This policy also establishes that this policy shall govern if in conflict with another Commission Policy.

Luis A. Valentin, Chief of Employee Relations & Legal Affairs, is the Agency PREA Coordinator and he is recognized on the organizational chart. During an interview, and subsequent contact with Mr. Valentin, his dedication to ensuring the state’s compliance with the PREA standards is acknowledged. He has worked diligently to provide appropriate protection to the youth of New Jersey. He reports sufficient time to attend to these duties with the assistance of the Facility PREA Compliance Managers and a PREA team. He has implemented the PREA Executive Committee, which is a team of professionals who convene to address any PREA issues within the state. Mr. Valentin ensures compliance of all facilities through site visits, mock audits, monthly conference calls, and training. When challenges are identified, the PREA Executive Committee meets to discuss the issues, consults with the Executive Director and specialized staff. As a result, changes could be implemented within policy, procedure, and training.

John Davis, Assistant Superintendent of Albert Elias RCH, is the Facility PREA Compliance Manager. He is identified on the facility organizational chart as reporting to the Facility Superintendent. He reports that he has enough time to attend to his duties as Assistant Superintendent and well as the duties as the PREA Compliance Manager. Besides the daily operational activities, that include youth financials and contracts for work opportunities, he conducts random checks, reviews scheduling, incident reviews, monitors systems, and conducts training with staff through daily shift briefing. If an issue with PREA compliance is identified, he conducts face-to-face conversations with residents and staff, counseling and disciplinary actions, review of systems, and addresses concerns with the Agency-wide PREA Coordinator. He reports that the current ratio of staff to residents is 1:8 during the day and 1:16 during sleeping hours.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

corrective actions taken by the facility.

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

Standard 115.313 Supervision and monitoring

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

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

New Jersey Juvenile Justice Commission, Policy 14ED:01.29 (rev 2014), DEVELOPMENT OF POST PLANS IN SECURE FACILITIES: This policy addresses adequate and efficient staffing of officers in programs through the implementation of a standard procedure for the periodic determination and adjustment of Relief Factors and Custody Posts. This policy addresses the need to review for 10 factors of the PREA standard and an annual review of the staffing plan.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy requires that random spot checks be completed by a custody supervisor with a rank of Sergeant or higher, shall conduct and document unannounced rounds. Staff members are prohibited from alerting other staff members unless such announcement is related to a legitimate operational function of the facility. Memo dated December 22, 2016 from Superintendent Sharif requires supervisory rounds a minimum of 3 times per week, and shall include the entire facility and are to be conducted on all shifts.

New Jersey Juvenile Justice Commission, Policy 12CP:09.01 (rev 2012), JUVENILE SUPERVISION: This policy addresses the Supervision Status Levels for residents and a program specific plan. The program specific plan was dated November 15, 2016 and requires that resident's bedroom doors must be ajar in the evening in order for staff to maintain direct supervision and that two staff must be posted in the immediate area of the bathroom or showers when two or more resident are present.

Documentation provided by the facility shows that prior to January 2017, there were 1-5 unannounced rounds conducted each of the past 12 months. The January 2017 log shows that only one unannounced round was conducted and the February 2017 log shows that 6 unannounced rounds were conducted. Neither complies with the Facility Superintendents December 2016 memo. The documentation does not allow a space to identify the rank of the person conducting the unannounced rounds. During the tour it was noted that the storage areas were not included in the unannounced rounds.

The Staffing Plan is reviewed by the Office of Community Programs annually and with the assistance of the Director of Community Programs, Human Resources Manager, Special Projects Manager, Chief of Employee Relations & Legal Affairs/PREA Coordinator, Deputy Executive Director, and Director of Administration. The Superintendent states that he provides input and reviews the plan as well. During this meeting, it was discussed and documented that all components of the standard are addressed in making decisions, and it is noted that the addition of mirrors, reorganization of sleeping arrangements, and a plan for camera installation was addressed.

The Staffing Plan was last reviewed on January 20, 2017 and shows resident supervision staff of 10 positions for first shift, 6 positions on second shift and 2 positions on third shift. With a population of 8, staffing ratios are consistent with what was reported on the Pre-Audit Questionnaire. The Questionnaire indicates that the facility is obligated by law, regulation or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping

hours. This was confirmed with the Superintendent as an obligation of the PREA standards and no other obligation. A review of the staffing plan shows that this ratio is being met. Deviations from the staffing plan are covered through either a call-in system to hold-over system, depending on the number of residents at the program. All deviations are noted in the logbooks.

Prior to the writing of this report, the facility provided appropriate unannounced rounds documentation for March 2017 that meets both the PREA standards and the Agency policy. Additionally, staff were reminded that all areas of the facility are required to be checked when conducting unannounced rounds.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

New Jersey Administrative Code Title 13 - Law and Public Safety, Chapter 103 – Community Programs, adopted May 21, 2012 and expires on May 21, 2019 requires that all staff shall receive training in the interpretation and applicability of internal management procedures, so as to ensure effective and safe search techniques. This Administrative Code also requires that a strip search may be conducted only by staff who have received Commission or equivalent training in conducting strip searches, and must be conducted by staff of the same gender unless under emergent circumstances. Strip search may be conducted only with the prior approval of the Director of Community Programs or designee when there is a clear indication that the juvenile is carrying or concealing contraband on his or her person, or in the juvenile’s anal or vaginal cavity.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy prohibits both cross gender searches and cross gender viewing of undressed juveniles, except in emergency situations. In an emergency situation, the search must be ordered by the Superintendent, Assistant Superintendent or the highest ranking custody supervisor on duty. Transgender and intersex searches shall be conducted by a staff of the corresponding gender as the resident and not in the presence of the opposite gender staff. Superintendent Memo dated November 22, 2016 addresses Opposite Gender Announcements, including 2nd floor privacy issues, who is required to make an announcement, and consequences of failure to comply with policy. Superintendent Memo dated December 21, 2016 addresses female staff of the correct positioning while avoiding residents privacy, and to remind female staff of the requirement to announce their presence.

New Jersey Juvenile Justice Commission, Policy 14CP:09.07 (rev 2014), SEARCH PLAN: This policy requires that all pat searches be conducted by a staff of the same gender of the youth, except in emergency situations with the approval of the Superintendent. Strip searches may only be conducted by a staff of the same gender of the youth and only with the approval of the Director of Community Programs. Strip searches conducted by cross gender staff must have prior approval of the Superintendent. This policy also requires that all searches shall be conducted in a professional and dignified manner, with maximum respect for the resident’s person, and under sanitary conditions.

New Jersey Juvenile Justice Commission, Policy 13ED:01.02A (rev 2013), LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING, AND INTERSEX (LGBTQI) JUVENILES: This policy was created to provide the highest quality of services to juveniles regardless of actual or perceived sexual orientation, gender identify, or gender expression. The policy allows a transgender or intersex juvenile to be afforded privacy when using a bathroom or shower. This policy also address the prohibition of cross-gender searches and viewing of undressed juveniles except in emergency situations. The policy requires that the Superintendent or designee shall implement procedures permitting transgender and intersex juveniles to request that either a male or female staff member conduct a strip search, if authorized. Such a request shall be granted to the extent consistent with the orderly operation of the facility.

Staff interviews confirm that no cross-gender searches are conducted at the facility. Staff report that if a cross-gender search is needed, this would need to be approved and documented in an Incident Report. Resident interviews confirmed that they are only searched by same gender staff. All staff interviewed confirmed that they have received training on conducting both pat and strip searches; however they only conduct pat searches at this facility unless authorized by the Superintendent.

All staff reported that female staff are announced when they arrive to the second floor housing area. This area where they make the announcement is the hallway where youth are able to hear them from their bedrooms or the bathrooms. Female staff also do not enter rooms or the bathroom without making youth aware of their intent, due to possible state of undress. There are also notices posted at the top of the stairwell to remind staff of the announcement requirement. Staff and Resident interviews confirmed that the announcements are made and heard. All bedrooms have doors to allow for youth privacy while changing, and general use bathrooms and showers all provide privacy from staff viewing through a door. Staff are not permitted to ensure unless there is a concern. While there are no cameras present, staff do have the ability to hear what is going on in the bathrooms through an intercom system.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy prohibits the use of residents to translate for another youth. Superintendent Memo dated December 29, 2016 reminds staff that residents are not to translate for other residents, and directs the need for bi-lingual interpreters to be addressed through the Legal List – Interpreters, which is found in the Emergency Response Plan and Unit Shift Book. Additionally, the facility has identified a community Interpreter and the contact information is found in the memo. The memo also requires staff working with a resident in distress who is Limited English Proficient is to contact the Superintendent or Assistant Superintendent for immediate assistance and guidance.

The Department of Education, Child Study Team case managers work with residents to identify any special circumstances which indicates the need for special education or related services and ensure that teach support is provided at the facility (NJAC 6A:14). The agency Office of Education provides for bilingual, ESL and English language education for youth, and these services are available at any time. The agency has available material in English and Spanish (most common non-English language identified in the facilities). Staff have access to request assistance from the New Jersey Department of Human Services, Division of the Deaf & Hard of Hearing for residents with limited or no hearing. Staff have access to request assistance from the New Jersey Department of Human Services, Commission for the Blind and Visually Impaired for residents who have limited or no sight.

New Jersey Juvenile Justice Commission, Policy 09MS:E.02 (rev 2009), RECEIVING SCREENING – NEW INTAKES: This policy is to identify and meet any urgent health needs of residents admitted to an agency facility; to identify and meet any known or easily identifiable health needs that require medical intervention before the resident’s health assessment; and to identify and isolate residents who appear potentially contagious. This policy requires an initial receiving screening, including a Snellen Vision Screening, at an intake facility that includes identifying and addressing any language barriers (blind, deaf, Limited English Proficient).

Staff interviews confirmed that they are aware of how to obtain the services of an interpreter/translator. They also confirm that

residents are not utilized to interpret for another residents. There were no LEP youth or youth with a disability that required additional services due to their disability.

Standard 115.317 Hiring and promotion decisions

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

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New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy addresses the specific requirements of hiring and promotion decisions of the agency. The State of New Jersey can consider criminal convictions and pending criminal charges for all applicants. The State of New Jersey may also access state and federal criminal databases to conduct background checks for all applicants. All employees are subject to Child Abuse Record Information (CARI) checks. The agency conducts 5-year background checks for all employees and contractors. A clear background check is a requirement for the issuance of JJC Identification Cards. Material omissions by an employee is subject to termination.

New Jersey Juvenile Justice Commission, Policy 14HR:07.02 (rev 2014), PERIODIC CRIMINAL HISTORY CHECKS: EMPLOYEES, VOLUNTEERS, INTERNS AND CONTRACTORS. This policy requires periodic background checks for staff (every 5 years), for interns (annually), and for contractors (at each contract extension or renewal). A memo dated August 20, 2014 by Executive Director Kevin Brown confirms background checks and material omissions. Criminal history and background checks are required for employees, volunteers, interns and contractors and include information as to whether a person has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility government operated facility for the mentally ill and whether the person has ever been civilly or administratively adjudicated to have engaged in sexual activity in a community facilitated by force, overt or implied threats or force, or coercion, or where the victim did not consent or was unable to consent or refuse. These three questions regarding previous misconduct is documented on the BI-001 form which is required for the completion of a background check.

In an interview with a Human Resources staff, it was confirmed that all new hires and contractors receive a criminal background check that includes a Child Abuse Record Information check. These are the same requirements for any staff who is being promoted. The Pre-Audit Questionnaire indicates that 453 background checks were conducted in the past 12 months – which is agency wide and not facility specific. It was also confirmed through interview that five year background checks are conducted. The agency has also imposed on employees a continuing affirmative duty to disclose any sexual abuse, conviction or civil/administrative adjudication to have engaged 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. The staff also confirmed that the agency cannot provide information about substantiated allegations of sexual abuse or sexual harassment involving a former employee unless by attorney petition.

A review of the files of staff who were interviewed found that all but one had received a background check in the past five years. Prior to the writing of this report, the agency had completed the final background check.

Standard 115.318 Upgrades to facilities and technologies

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

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There were no newly designed or substantial expansions or modifications of the existing facility. There was no installation or updating of a video monitoring system, electronic surveillance system, or other monitoring technology at this facility. This was confirmed based on information from the Pre-Audit Questionnaire and interview with the Superintendent. It is noted that there has been discussion and movement towards the installation of cameras at this facility.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

New Jersey Juvenile Justice Commission, Policy 13OOI:01.04 (rev 2013), EVIDENCE COLLECTION, CONTROL AND SECURITY: This policy requires the Office of Investigations to investigate allegations of sexual abuse. Investigators shall utilize the Uniform Evidence Protocol in the New Jersey State Police Evidence Field Manual.

New Jersey Juvenile Justice Commission, Policy 14OOI:01.29 (rev 2014), PREA INVESTIGATIONS: This policy requires a uniform evidence protocol is utilized that meets the requirements of the standard. This policy also authorizes the Chief to utilize external law enforcement agencies, and/or the assistance by such agencies, in the investigation of sexual offenses.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. All residents are offered a forensic medical examinations, that include a Sexual Abuse Nurse Examiner and at no financial cost to the youth. A victim advocate is available as requested, and the advocate is available for all interactions during the examinations, investigatory interviews and for additional support and crisis services. Memo dated June 18, 2014 by Chief Operating Officer Jeffery Dickert, PHD of Rutgers University Behavioral Health Unit confirms that residents are not charged nor responsible for a co-pay for any medical, mental health or forensic services. This memo also reminds that forensic medical services are provided through the Sexual Assault Response Team (SART) of each county Prosecutor's Office, and the county-based Sexual Assault Nurse Examiners (SANE) program. A list of county Sexual Violence Programs is available. Included is the name of the Burlington County Coordinator for forensic services. These services are provided at Virtua Memorial Hospital in Mt. Molly, NJ or Lourdes Medical Center in Willingboro, NJ. For this facility, a Victim Advocacy Hotline is available and goes directly to CONTACT of Burlington County – who provide specially trained confidential advocates who offer both telephone support and accompaniments at hospitals, police stations, and court.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment.

New Jersey Juvenile Justice Commission, Policy 14OOI:01.29 (rev 2014), PREA INVESTIGATIONS: This policy details all types of sexual allegations shall be investigated and details the conduct of such investigations. All allegations of sexual abuse or sexual harassment are referred to the Office of Investigators for investigation. The PREA policy that identifies the investigation process can be found at the states website: www.nj.gov/lps.jjc.prea.html.

The Pre-Audit Questionnaire and the facility PREA Tracking Log indicate that there have been no allegations of sexual abuse or sexual harassment in the past 12 months. This was confirmed through interview with both the Agency-wide PREA Coordinator and the Facility PREA Compliance Manager. The investigator’s interview confirmed that policy requires all allegations of sexual abuse and sexual harassment to be investigated. The Office of Investigations (OOI) conducts investigations and consults with the prosecutor’s office for further direction if an investigation is chosen for prosecution.

Standard 115.331 Employee training

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy identifies training that is appropriate to gender for all staff and requires additional training if a transfer of staff assignment. The training, developed by the Director of Operations, in consultation with the Supervisor of Rehabilitative and Treatment Services and the Director of Training, includes: Staff member responsibilities, juvenile rights, the Request & Remedy Process, common aspects of sexual abuse and reactions of victims of sexual abuse, detection of sexual abuse, distinguishing consensual sexual contact from sexual abuse between juveniles, avoiding inappropriate relationships with juveniles, sensitivity training on communicating effectively and professionally with LGBTQI and gender nonconforming juveniles, and compliance with the mandatory reporting. Training for staff is an initial training and two-year refresher training. Training Curriculum: PREA – Addressing Sexual Abuse of Youth in Custody – addresses the zero tolerance policy, fulfilling staff responsibilities, residents’ rights, dynamics of sexual abuse/harassment, common reactions of victims, detecting and

responding to signs of threatened and actual sexual abuse, inappropriate relationships between staff and youth, mandatory reporting duties, and other relevant laws regarding the age of consent.

Training records were reviewed for staff selected for interview. Documents indicate that PREA training was conducted in the past 12 months and staff signed a Training Acknowledgment and Policy Receipt indicating that they are acknowledging that they have received and understand training on the Agency's zero-tolerance policy, their responsibilities, resident's rights, dynamics and common reactions of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with residents, effective and professional communication with residents including LGBTI or gender non-conforming residents, how to comply to relevant laws related to mandatory reporting of sexual abuse and relevant laws regarding the applicable age of consent. Additionally, volunteers and Interns also completed the same training in February 2017. Additionally, the facility provided training records from 2013 and 2015 to show consistency of training every two years.

Gender specific training was provided to all staff in 2016 - 2017 and rosters were provided showing staff participation. Opposite Gender Announcement training was conducted in 2016 and copies of individually staff signed documents were provided that clearly identifies the need for opposite gender staff to be announced when they enter the second level of the facility and states that failure to comply will result in disciplinary action. Opposite Gender training was conducted in 2016 - 2017 and the facility provided individual signed memo's by all staff indicating that they understood the requirement for positioning by cross-gender staff and cross-gender announcements. LGBTI training was conducted in 2017 and the facility provided a signed roster and individually signed Employee Receipt's showing the receipt of the LGBTI Policy. PREA – Ways for Staff to Report training was conducted in 2016 and the facility provided individual memo's signed by staff that indicate they were advised that they may report sexual abuse or sexual harassment through the Hotline, Crisis Center, Ombudsman, Request and Remedy, and by telling Administration.

Interviews with staff confirm that they receive formal PREA education every two years and other PREA training throughout every year. However, during the interviews staff were unclear on the New Jersey Child Abuse Laws. Prior to the writing of this report, the facility conducted staff training on March 16, 2017 that included both New Jersey Abuse Laws and Mandatory Reporting Laws.

Standard 115.332 Volunteer and contractor training

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy requires that all volunteers and contractors shall be trained in sexual abuse and sexual harassment prevention, detention, and response policies and procedures at a level and type provided be based on the services they provide and level of contact with they have juveniles. At a minimum, shall be notified of the zero-tolerance policy and how to report such incidents.

New Jersey Juvenile Justice Commission, Policy 14HR:07.02 (rev 2014), CRIMINAL HISTORY CHECKS: CIVILIAN EMPLOYEES, VOLUNTEERS, INTERNS AND CONTRATORS; CARI CHECKS: The policy requires that all volunteers and contractors receive training appropriate to their level of contact with youth. Those contractors, volunteers or interns who work directly with residents are required to complete the full PREA training that is required of state staff. This documentation is maintained through volunteer/contractor signature.

There are 453 volunteers agency-wide. There are no current volunteers at this facility; however there are contractors present. Documentation presented showed that the contractor has completed all training as required by policy and PREA standards.

Standard 115.333 Resident education

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): The policy requires that all youth receive at the time of screening the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Juvenile orientation shall occur within 10 days of admission to the facility and it shall be age appropriate and offered either in person or through video (Keeping our Kids Safe). Topics that will be covered include: the zero-tolerance policy, acceptable and appropriate behaviors for youth, reporting procedures, Request & Remedy process, and access to the Commission’s Ombudsman. A Resident Handbook shall also be provided to youth and shall include material clearly describing all material rights, privileges services programs, and obligations of juveniles under the Prison Rape Elimination Act and the policy. Materials are required to be maintained in both English and Spanish. Additional translation services are available as needed.

The Department of Education, Child Study Team case managers work with residents to identify any special circumstances which indicates the need for special education or related services and ensure that teach support is provided at the facility (NJAC 6A:14). The agency Office of Education provides for bi-lingual, ESL and English language education for youth, and these services are available at any time. The agency has available material in English and Spanish (most common non-English language identified in the facilities). Staff have access to request assistance from the New Jersey Department of Human Services, Division of the Deaf & Hard of Hearing for residents with limited or no hearing. Staff have access to request assistance from the New Jersey Department of Human Services, Commission for the Blind and Visually Impaired for residents who have limited or no sight.

The New Jersey Department of Law & Public Safety JJC Brochure “Resident’s Guide to the Prison Rape Elimination Act” is provided to residents at intake. This guide details that reports can be made through the PREA Complaint Form, telling a staff, the sexual abuse hotline, and the Commission’s Ombudsman.

The Resident’s Handbook was reviewed and contains a page with a variety of reporting methods that include: writing or telling staff, Request & Remedy process, to the Ombudsman, through the facility sexual abuse hotline, and through the agency website.

Agency Posters: Posters were created by the agency and are required to be posted in the facility. These include, in both English and Spanish, “Speak up, Get Help” and “Healthy Boundaries”.

During the tour, the auditor noticed four PREA boards that were created by the youth and showed information as to what sexual abuse is and how to report. These boards are located in areas where youth frequently pass by each day. An interview with staff indicates that youth receive the Resident’s Handbook and the “Resident’s Guide to the Prison Rape Elimination Act” and watches the PREA PowerPoint (comprehensive education) upon arrival. This facility also conduct further education in a PREA Group that meets two times per week (Thursday & Sunday) and includes PREA flashcards, PREA Bingo, PREA Definition Match, PREA Hangman, treats and mock audits with youth. This is conducted during a 45 minute timeframe to ensure

residents are aware of how to report sexual abuse and sexual harassment. Interviews with residents confirm that they receive information upon intake, including the PowerPoint, and that they participate in the twice weekly PREA group. A review of resident PREA education found that youth sign two documents indicating that they have received the Resident Handbook and their rights, including PREA information, was explained to them and that they acknowledge that they have received PREA information including the various ways to report.

Standard 115.334 Specialized training: Investigations

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy identifies specialized training for investigators. Specifically this policy identifies PREA Investigative Training shall be provided to all facility Superintendents, Assistant Superintendents, Juvenile Correctional Officers of the rank of Lieutenant or above, and Community Program Regional Administrators. The policy also requires that investigations shall be assigned only to designated investigating staff who have received PREA incident investigation training

Curriculum “Facility PREA Investigations” was reviewed. The review of the curriculum indicates that it covers interviewing techniques, Miranda and Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

An interview with the investigator confirmed that he has received the appropriate standard employee PREA training and the specialized PREA training. He reported that the training includes interviewing techniques, proper use of Miranda and Garrity warnings, evidence collection in a confinement setting, and the criteria to substantiated a case for administrative or prosecution referral. The Moss Group conducted Train-the-Trainer classes in 2014 for select individuals. Sign-in rosters were provided and show that in addition to the required positions of the policy, the Office of Investigation staff have also completed the training in June 2014 by the Moss Group.

Standard 115.335 Specialized training: Medical and mental health care

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

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

New Jersey State-wide SART/SANE Program and the SART Response, rev 2013: A training program used by the Agency that focuses on the response by medical and mental health staff. This specialized training consists of detection and assessment of
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sexual abuse and sexual harassment, preservation of evidence, immediate stabilization of injuries, responding professionally, and reporting allegations, suspicions and actual incidents.

The curriculum and rosters of staff attendance show the medical and mental health staff have completed the standard PREA training, with one exception. An interview with the medical staff showed that they have received the standard PREA training required of all staff and specialized education through Rutgers University. SANE services are provided at Virtua & Lourdes Hospital.

Prior to the writing of this report, the mental health provider had completed the specialized training on March 21, 2017 offered through the Burlington County Sexual Assault Response Team/Activation for Forensic Examination. The curriculum was provided and meets the requirements of the standard.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy requires all juveniles to be screened within 72 hours of their initial intake and within 72 hours of each transfer, as well as periodically thereafter. Information for consideration shall include prior sexual victimization or abusiveness; any gender non-conforming appearance or manner, or identification as LGBTQI, and whether the resident may therefore be vulnerable to sexual abuse, current charges and offense history, age, level of emotional and cognitive development, physical size and stature, mental illness or mental disabilities, intellectual or developmental disabilities, physical disabilities, the juvenile's own perception of vulnerability, and any other specific information about individual juveniles that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

All youth who enter the New Jersey Juvenile Justice Commission is assessed individually, and on a case-by-case basis, for any special needs, including those identified as LGBTI. Prior to a youth entering the Central Intake, local detention facilities provide the Pre-Disposition Report, Court Documents, Psychosocial, and other documents for review. Central Intake then creates an electronic record that is reviewed. At this time any special concerns are noted. Once the youth arrives at Central Intake, the Intake Screening for Potential Sexual Aggressive Behavior and Vulnerability for Victimization tool is completed. Once all screenings, evaluations and assessment are completed, a Juvenile Reception Classification Committee is scheduled. This committee consists of Administration, Classification, Substance Abuse, Gang, Custody and Social Worker staff who address the following based on the information gathered: Level of custody (classification staff); Program appropriateness (committee as a whole); and Housing with the Program (custody). For youth identified with special needs, a Special Care Review is held the first Monday after a youth is transferred to his custody program. Administration, Classification, Social Services, Mental Health, Custody and RATSU (Rehabilitative and Treatment Services Unit) staff meet to address treatment plans, housing, special needs and ensuring all needs of the youth are met. All youth, regardless of special needs, are reviewed approximately every 60 days (45-90 days) for a change in custody levels. This is to address the Comprehensive Assessment Plan that was created.

When a youth is transferred to this facility, the staff interview confirmed that a review, or new, Intake Screening for Potential Sexual Aggressive Behavior and Vulnerability for Victimization is repeated. The questions asked of the juvenile are to illicit a response of their fears, sexual orientation/identification, prior victimization, and other factors that may indicate special consideration. This allows continued review of the youth's own perception of risk and to update the existing form.

When placing residents for community programming, the resident is placed in a facility that is able to meet their immediate needs, and is hopefully close to where they will reside upon release. If a probationer is not processed through reception, and reports directly to the facility, a Qualified Mental Health Care Professional or by a trained social worker or medical designee will complete the screening.

A new Risk Screening is then completed on the day of intake and the staff who conducts the risk screening has reported that she directly asks the youth about sexual orientation. The interviewee also reported that the risk screening is updated as new information is received. A review of records indicates that these are completed on the day of arrival. Resident interviews confirm that they remember being asked the questions that are within the screening and on the first day of their arrival.

Standard 115.342 Use of screening information

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): The policy states that all information gathered and documented at initial intake (Intake Screening for Potential Sexual Aggressive Behavior and Vulnerability for Victimization and the Safe Housing Assessment) shall be included in the intake psychological assessment and the comprehensive informational assessment/case action plan to be presented to the Reception Classification Committee for further consideration of assignment and referrals. Additionally, classification decisions with respect to facility, education and work assignments shall at no time be made solely on the basis of LGBTQI or gender non-conforming status or identification. The policy prohibits the placement of residents into a facility, assignment of roommate, education and work assignments based on LGBTQI status. Policy allows for placement of LGBTQI residents in room restriction, temporary close custody or a Behavior Accountability Unit as a means of keeping them safe only as a last resort. The policy addresses housing and programming for transgender and intersex residents that is based solely upon their needs and the needs of the agency in providing safe housing for all residents. Individual needs are addressed through the Sex Offender Classification Committee (SOCC). Note that the name of the committee does not in any way mean that transgender and intersex residents are considered sex offenders.

New Jersey Juvenile Justice Commission, Policy 13ED:01.02A (rev 2013), LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING, AND INTERSEX (LGBTQI) JUVENILES: This policy was created to provide the highest quality of services to juveniles regardless of actual or perceived sexual orientation, gender identify, or gender expression. The policy requires that any disclosure of information about a juvenile’s LGBTQI status maybe communicated only when relevant and necessary for treatment, case planning, and finding effective services for the juvenile or other juveniles, and shall only be disclosed when necessary to achieve a specific beneficial purpose and shall be communicated only to the individuals necessary to achieve that purpose. The policy requires that classification decisions with respect to facility, assignment of roommates, education and work assignments, shall at no time be made solely on the basis of LGBTQI or gender nonconforming status or identification. The policy prohibits a facility from placing a LGBTQI juvenile in either room restriction, or temporary close custody, or be referred to the Behavior Accountability Unit, as a means of keeping them safe from discrimination, Gender Identify Harassment, or abuse. However, nothing shall prevent the separation of a juvenile when deemed necessary for the juvenile’s health or safety by either a Qualified Health Care Professional or a Qualified Mental Health Care Practitioner.

All youth who enter the New Jersey Juvenile Justice Commission is assessed individually, and on a case-by-case basis, for PREA Audit Report

any special needs, including those identified as LGBTI. Prior to a youth entering the Central Intake, local detention facilities provide the Pre-Disposition Report, Court Documents, Psychosocial, and other documents for review. Central Intake then creates an electronic record that is reviewed. At this time any special concerns are noted. Once the youth arrives at Central Intake, the Intake Screening for Potential Sexual Aggressive Behavior and Vulnerability for Victimization tool is completed. Once all screenings, evaluations and assessment are completed, a Juvenile Reception Classification Committee is scheduled. This committee consists of Administration, Classification, Substance Abuse, Gang, Custody and Social Worker staff who address the following based on the information gathered: Level of custody (classification staff); Program appropriateness (committee as a whole); and Housing with the Program (custody). For youth identified with special needs, a Special Care Review is held the first Monday after a youth is transferred to his custody program. Administration, Classification, Social Services, Mental Health, Custody and RATSU (Rehabilitative and Treatment Services Unit) staff meet to address treatment plans, housing, special needs and ensuring all needs of the youth are met. All youth, regardless of special needs, are reviewed approximately every 60 days (45-90 days) for a change in custody levels. This is to address the Comprehensive Assessment Plan that was created.

Policy allows for transgender and intersex residents to be able to shower separately from other residents upon request. The JJC Safe Housing Assessment is used for appropriate housing placement. Isolation is prohibited at this facility. Separation, if used, would be used only long enough to ensure the safety of the residents and to await transport, less than 24 hours. This information was confirmed through interviews with staff.

With this program maximum time being 5 months, a review of transgender or intersex housing is not applicable unless warranted.

However, there is no identifiable system to ensure safe housing and programming for vulnerable residents as the facility does not maintain a list that identifies those residents who are sexually aggressive or vulnerable to ensure that housing decisions are based on current and accurate information.

Prior to the writing of this report, the Superintendent and Assistant Superintendent/PREA Compliance Manager issued a memo to all staff that prohibits the movement of a youth (housing, programming, work) without the prior approval of the Superintendent or the Assistant Superintendent/PREA Compliance Manager, both who have access to the risk screening tool, to ensure safe housing, programming, or work assignments.

Standard 115.351 Resident reporting

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): allows for residents to report sexual abuse or sexual harassment verbally or in writing to any staff member, by telephone to either or both the Department of Children and Families, Division of Child Protection and Permanency (DCPP) and an outside sexual abuse hotline to which confidential access shall be provided by the Commission, by telephone or written correspondence to the Commission's Ombudsman, and in writing, utilizing the Request and Remedy Process. Superintendent memo dated December 27, 2016 reminds staff of the ways that they can report sexual abuse or sexual harassment include speaking to Administration, the Hotline phone, to the Crisis Center/Hospital, or to the Ombudsman.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): The PREA Audit Report

policy addresses staff reporting of sexual abuse or sexual harassment by notifying the Shift Coordinator and the Superintendent or designee, the Office of Investigations, or to the DCPD Abuse Hotline.

Resident interviews confirmed that they are made aware of how to report sexual abuse and sexual harassment at intake, through the twice weekly PREA groups, and through information that is posted throughout the facility. Staff Interviews confirmed that they are aware of the ways for youth to report, and that they are aware of the variety of methods that are available for staff to report.

There is a central number for youth to call to reach an external agency for reporting sexual abuse or sexual harassment. Residents may use the phones freely to make these calls. However, during the tour, the auditor attempted to call the hotline number. Upon reaching Contact of Burlington County, the operator transferred the auditor to an administrative staff. She reported that they are not an agency to receive reports of sexual abuse and sexual harassment and that they have been attempting to end the calls coming into them. This agency stated that they do provide advocacy services. This was discussed with the Agency-wide PREA Coordinator, the facility PREA Compliance Manager, and the Superintendent.

Prior to the writing of this report, the Agency upgraded the phone system to include a direct line for residents to contact the Department of Children and Families, Division of Child Protection and Permanency (DCPP). Posters were upgraded to include both numbers, either for reporting abuse or requesting emotional support services. Further consultation with DCPP confirmed that should a youth who is 18 years of age or older contact DCPP to report abuse, the screener would take the information and make a referral to the local police or an appropriate service provider and/or provide the youth the information on who to call.

Standard 115.352 Exhaustion of administrative remedies

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.27 (rev 2014), REQUEST AND REMEDY PROCESS: This policy addresses the exhaustion of administration remedies. There is a grievance system known as a Request and Remedy which requires a response within 20 days. A Request and Remedy PREA Complaint form has been created to address emergency reporting through written format and requires an immediate response. Policy allows no time frame for reporting sexual abuse or sexual misconduct and there is no requirement for an informal process to be utilized prior to the filing of a Request and Remedy. Youth may request assistance in completing the form and a lockbox is located for youth to submit the form anonymously. Youth are allowed to select if they wish the form to be provided to the Ombudsman or sent directly to the Office of Investigations. All forms received by staff that alleged any sexual abuse or criminal activity shall be called into the Executive Director and forwarded to the Executive Director within one day. If criminal in nature, the information shall be automatically called to the Office of Inspections. The decision of the Request and Remedy process requires that an appeal form be supplied to the youth when giving a decision; however, in the case of a PREA Complaint form, the investigators will make notification to the youth.

There is a third party complaint reporting form on the state website, and available at the facility, for any person to access and utilize to report sexual abuse or sexual harassment.

The facility PREA Compliance Manager has confirmed that any grievance reporting sexual abuse would be immediately forwarded to the Office of Investigations for an immediate review and investigation. A locked box was observed in the main first floor hallway for these forms in the program. Resident interviews confirmed that no allegation has been made.

Standard 115.353 Resident access to outside confidential support services

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

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

The New Jersey Coalition against Sexual Assault has a variety of services to both survivors of sexual violence and their loved ones. There is documentation that the Agency is working towards an Agency wide outside confidential support service providers. In the interim, the agency has identified victim advocacy services in the surrounding counties. For this facility, Contact of Burlington County is the identified outside confidential support services agency. They provide crisis and emotional support for victims of sexual abuse.

New Jersey Juvenile Justice Commission, Policy 09CP:P13.02 (rev 2009), JUVENILE RIGHTS, RESPONSIBILITIES AND RESOLUTION OF CONFLICT: The policy requires that the Facility Administrator shall ensure that juveniles entering the program are advised that all reasonable efforts will be made to maintain confidentiality of their personal issues. However, in cases such as prior criminal activities, child abuse, medical or psychiatric emergencies, imminent harm to others, or threats to commit future harm, the program is required by law to notify proper authorities. This policy also requires that youth rights include correspondence with and visits with family; unrestricted and confidential access to the courts by correspondence, access to legal counsel from an attorney of their choice both through meetings and correspondence, and the right to receive help when it is available through legal assistance programs.

Residents are provided a list of all identified external support services agencies broken down by county, which can assist a youth upon his transition back into the community. Interviews with youth found that they were aware of a list of agencies that would be able to provide services, but they were unclear as to all the types of services that could be provided. The facility conducted a training of all residents and provided them a list of agencies and services available. Additionally, this information in brochure form will now be handed out during intake and posted within the program.

Outside support services are available through the New Jersey Coalition Against Sexual Assault (NJCASA), however no information was noted posted in the facility except for a number to report. Prior to the writing of this report, the Agency updated all posters and made these available to youth that include both the number to report sexual abuse or sexual harassment and the phone number for outside support services.

Standard 115.354 Third-party reporting

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

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

corrective actions taken by the facility.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy will allow the agency to accept third-party allegations of sexual abuse or sexual harassment.

New Jersey Juvenile Justice Commission website provides contact information for the Ombudsman, who acts as a link between youth and the Agency. Any person wishing to make a report is able to access this information.

The agency has created a 3rd Party PREA Complaint Form which is available on the state's website. This form allows for printing or fillable format, which can then be printed and mailed to the Commission. The address for the Commission is on the form. A hard copy of this form is available in the facility. All residents are advised that this form is another method of reporting by parents, guardians, or other identified outside persons. Interviews with staff and the Agency-wide PREA Coordinator confirm that third-party complaints will be investigated. There have been none reported in the past 12 months.

Standard 115.361 Staff and agency reporting duties

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy requires all staff to immediately report any incidents of sexual abuse or sexual harassment to both the agency and the Division of Child Protection and Permanency (DCPP). Staff are prohibited from revealing information to anyone who does not have a need to know. Additionally, a memo was issued to all staff on November 12, 2015 that noted staff are mandated to report any information regarding sexual abuse or sexual harassment. A memo from the Agency dated August 20, 2014 requires reporting to the youth's attorney within 14 days, and to the parent or DCP&P (if guardian).

A staff PREA reference guide has been issued to staff. This guide requires that DCPP be notified if there is an allegation of sexual abuse that occurred in the facility or in the community and the resident is under the age of 18. If the resident is 18 years of age or older, the Superintendent, Office of Investigations, and the Regional staff is notified. If the resident is over the age of 18 and the incident occurred in the community, the staff must complete an Informed Consent before reporting to the above identified persons. This reference guide also reminds staff that they are not to discuss the incident with anyone other than the Superintendent, Assistant Superintendent, or Investigator.

Staff are required to complete a Suspected Child Abuse Report which is then called into the DCP&P Child Abuse Hot-Line. An incident report also must be completed before they leave at the end of their shift.

Staff interviews confirm their knowledge of to the facility and the writing of a report before the end of their shift. However, staff are not aware of the NJ Child Abuse Reporting Laws. Medical staff provide residents of their duty to report and the limitations of confidentiality. Additionally, medical staff is aware of the requirements of being a mandatory reporter.

Prior to the writing of this report, the facility conducted training with all staff on the New Jersey Child Abuse Laws and the Mandatory Reporting Laws.

Standard 115.362 Agency protection duties

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy requires all staff to immediately respond in the event information is discovered that a resident is in substantial risk of sexual abuse.

Interviews with staff confirm their knowledge and the agency expectations upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. Staff reported that they would immediately act to ensure the safety of the youth and report to the facility administration. Mental Health staff would also be contacted to assist if necessary. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Resident interviews found that they feel safe at the facility.

Standard 115.363 Reporting to other confinement facilities

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy requires the Office of Investigations to provide, within 72 hours, notification to a facility where an allegation has been made and to document such notification.

There have been no allegations received from other facilities/agencies.

Standard 115.364 Staff first responder duties

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy requires all first responders to separate the victim, preserve and protect the scene and to direct both victim and alleged perpetrator, if known, to not destroy evidence.

JJC PREA Staff Reference Guide Card: A card issued to all staff that assists staff when they have witnessed or heard talk/information of a sexual misconduct regarding a resident with resident or staff with resident. This reminds the staff to make notification to a supervisor, move the resident to a safe place, protect any evidence on the victim, secure the area, do not discuss with anyone other than the Supervisor or Investigator, and to write an Incident Report.

Staff PREA reference guide has been issued to staff which requires the resident to be moved to the medical office to ensure the resident’s safety.

All staff are trained as first responders. There have been no reports of sexual abuse in the past 12 months. Interviews with staff confirmed their knowledge of the requirements as a first responder – separation, preservation of evidence on person, securing the scene, notification, and including ensuring that medical and mental health staff are made aware if on-site.

Standard 115.365 Coordinated response

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy requires that the Coordinated Response Plan shall include reporting the incident, keeping the victim safe and separate, protection measures, medical and mental health response, SANE/SAFE services, victim advocate, retaliation monitoring, investigations, and notifications.

The Juvenile Justice Commission Sexual Abuse Incident Check Sheet – Office of Community Programs – offers a checklist of items that are required to be completed when staff become aware of a sexual abuse. This include protections for the victim, notification, SANE/SAFE services, notification to the DCP, and notification of the Regional Administrator, Director of Community Programs, Deputy Director of Programs, and the Office of Investigations.

Juvenile Justice Commission – Albert Elias – PREA Checklist: A facility specific checklist that identifies the initial response steps that include notification, separation and location of where the victim and alleged perpetrator will be placed, securing of evidence, notification of the Superintendent, notification to the Office of Investigations, securing of the area, notification to DCP, completion of the Incident Report, and contacting of the legal guardian of the resident.

Supervisory staff interviewed confirmed that they are aware of the Coordinated Response Plan. The agency has a facility specific Sexual Abuse Incident Check Sheet that details the specifics of their Coordinated Response Plan. This form addresses most of the components as required. However, it is not specific to the notification of the medical and mental health staff, name

and location of where SAFE/SANE services are available, notification and contact information for a Victim Advocate if requested, and facility specific contact information.

Prior to the writing of this report, the facility updated their Coordinated Response Plan as recommended by the auditor to include medical and mental health duties and information.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

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

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

Documentation was obtained for 10 bargaining unit agreements. A review of each agreement indicates that they are consistent with provisions of PREA standards 115.372 and 115.376. There are no restrictions to immediately remove an alleged perpetrator from contact with a victim.

- Local Union 30 – International Brotherhood of Electrical Workers (IBEW), AFL-CIO State Government Manager’s Union;
- Council No. 1 and its Affiliated Locals and Councils, American Federation of State, County, and Municipal Employees, AFT – CIO, Health, Care and Rehabilitation Services Unit
- Communication Workers of America (CWA), AFL-CIO, Administrative/Clerical Unit, Professional Unit, Primary Supervisory Unit, Higher Level Supervisory Unit
- Local No. 195, International Federation of Professional and Technical Engineers, AFL-CIO, Representing Operations, Maintenance, and Services and Craft Units; Local No. 518, New Jersey State Motor Vehicle Employees Union, SEIU-AFL-CIO, Representing Inspection and Security Unit
- New Jersey Investigators Association affiliated with the New Jersey State Fraternal Order of Policy, Lodge 174, Special Investigations Division
- New Jersey Law Enforcement Commanding Officers Association
- New Jersey Law Enforcement Supervisors Association
- New Jersey Superior Officers Law Enforcement Association, Inc. Affiliated with the New Jersey State Fraternal Order of Police as New Jersey Superior Officers Lodge 183 – Superior Officers Law Enforcement Unit
- New Jersey State Police Benevolent Association Local No. 105 – Law Enforcement Unit
- New Jersey State Policemen’s Benevolent Association State Law Enforcement Unit – State Law Enforcement Unit

Standard 115.367 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy addresses the establishment of a system to protect residents from sexual abuse or sexual harassment or retaliation for reporting, and to protect staff from retaliation for reporting. A PREA Tracking Form is used and provides for status checks every 30 days and monitoring beyond 90 days as identified or needed.

There was no review of a file for compliance as there have been no allegations requiring monitoring. The Assistant Superintendent/PREA Compliance Manager is tasked with monitoring for retaliation and is aware of the requirement for monitoring for retaliation. Periodic monitoring is required every 30 days and there is no maximum on the length of time to monitor a resident for retaliation. He reports that monitoring is more than just a conversation with a resident or staff, but encompasses a review of negative behavior reports, observing the resident, staff schedules, staff reassignment, and negative talk in the facility. He reports that in response to any retaliation, he has the ability to temporarily remove staff, housing changes, remove another resident, and work site location changes. These would be on a case-by-case basis and depending on the type of retaliation reported or observed.

Standard 115.368 Post-allegation protective custody

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

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

This standard is N/A as this facility does not have protective custody.

Standard 115.371 Criminal and administrative agency investigations

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): This policy requires that all allegations of sexual abuse and sexual harassment are required to be reported and investigated.

New Jersey Juvenile Justice Commission, Policy 14OOI:01.29 (rev 2014), PREA INVESTIGATIONS: This policy requires an investigation of all PREA related incidents. This authorizes the Chief to utilize external law enforcement agencies, and/or the assistance by such agencies, in the investigation of sexual offenses. This policy requires that investigators will consult with the

appropriate County Prosecutor's Office at the onset of investigations of sexual crimes, and prior to conducting compelled interviews. The policy requires that investigators shall gather and preserve any direct and circumstantial evidence including any available physical and DNA evidence, and/or electronic monitoring data. Investigators shall interview alleged victims, suspected perpetrators, and witnesses. Investigators shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The policy prohibits the termination of an investigation solely because the source of the allegation recants or the alleged abuser or victim is no longer in the employment or control of the Juvenile Justice Commission. The policy addresses the credibility of a victim, suspect or witness. The policy prohibits the use of a polygraph as a condition for proceeding. The policy requires a written report to be maintained that includes a description of the physical and testimonial evidence, the reasoning behind any credibility assessment, and the facts and findings of the investigation. All Criminal and Administrative investigations will be documented in accordance with established procedures. This policy requires that records will be retained for at least the period specified in New Jersey Records Retention Schedules, and at least as long as the abuser is incarcerated and/or employed, plus five years.

All investigators at the agency level are sworn law enforcement and have received appropriate training as indicated by standard 115.334. Investigators conduct all aspects of the investigation including evidence collection, interviews and review for prior complaints. They are in contact with prosecutors on a regular basis during an investigation. The policy prohibits the use of polygraph examinations as a condition for proceeding with an investigation. Policy and state law require all evidence to be maintained, including any handwritten notes, video, audio, etc. An interview with an Investigator confirmed his knowledge of the policy and procedures. He reports that they work in coordination with local law enforcement and are briefed as to the status of an investigation. As there have been no allegations in the past 12 months, no files were reviewed.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

New Jersey Juvenile Justice Commission, Policy 14OOI:01.29 (rev 2014), PREA INVESTIGATIONS: This policy confirms that the Office of Investigations will not impose any standard higher than a Preponderance of the Evidence for an administrative case. Specifically, if there is a preponderance of the evidence that an allegation of sexual abuse and/or sexual harassment occurred, the allegation shall be substantiated in an administrative case.

This was confirmed by an interview with the Investigator.

Standard 115.373 Reporting to residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): The policy requires that the residents be informed by the Executive Director or designee of the outcome of an allegation. The designee is the Office of Investigations (OOI). Policy requires all notifications to be documented.

New Jersey Juvenile Justice Commission, Policy 14OOI:01.29 (rev 2014), PREA INVESTIGATIONS: This policy states that the Investigator will inform the victim when criminal charges are being filed against an accused. The Investigator is required to maintain in contact with the victim during the prosecution of the case.

The agency has a form dedicated for the purpose of making notification to the victim of the results of the PREA Investigation that is completed by the Superintendent or designee, Notification to Juvenile; Results of PREA Investigation. This was confirmed through an interview with the Assistant Superintendent/PREA Compliance Manager and the Investigator. There were no investigations at this facility that required reporting the outcome to a resident.

Standard 115.376 Disciplinary sanctions for staff

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy states that termination is the disciplinary sanction for any staff member who engages in sexual abuse or sexual harassment against a youth. The policy requires notification to law enforcement for violations of sexual abuse or sexual harassment.

This dismissal of a staff and notification of law enforcement for violations of sexual abuse or sexual harassment was confirmed through conversation with the Agency-wide PREA Coordinator. There were no allegations of staff sexual misconduct at this facility.

Standard 115.377 Corrective action for contractors and volunteers

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

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

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

This dismissal of a volunteer or contractor for violations of sexual abuse or sexual harassment was confirmed through conversation with the Agency-wide PREA Coordinator. There have been no allegations of volunteer or contractor sexual misconduct at this facility.

Standard 115.378 Disciplinary sanctions for residents

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

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

New Jersey Administrative Code 13:101 provides for the disciplinary process of the agency. It includes a formal disciplinary process and appeals process. Disciplinary actions for residents at this program could include discharge, and the reason for the discharge would be noted on Form 15CP:17-03A. Disciplinary sanctions are commensurate with the nature of the incident and take into certain factors prior to imposing the sanction.

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): The policy directs that any youth who is found to have violated any of the agency’s sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program.

New Jersey Office of the Attorney General, Department of Law and Public Safety, Juvenile Justice Commission Memo, dated December 26, 2016 states “Juvenile Justice Commission Programs do not permit residents to be placed in isolation.

This information was confirmed through an interview with the Superintendent, who reports that removal or transfer from the facility would follow any behavior management disciplinary actions. Isolation is not used at this facility. Additionally, new criminal charges towards the youth would immediately transfer the youth from the facility. The auditor did not find any areas that would be used for isolation during the tour and residents did not report the use of isolation at this facility.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

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

Policy requires that any indication of a juvenile having either experienced prior sexual victimization, or previously perpetrated sexual abuse, whether it occurred in an instructional setting or in the community, the juvenile shall be offered a follow-up meeting with a Qualified Mental Health Care Professional within 14 days of the intake screening. If a Qualified Mental Health Care Professional is not available, a Qualified Medical Professional may be substituted in the case of a juvenile who has experience prior sexual victimization. This policy also clarifies that any information gathered and documented at initial intake shall be included in the intake psychological assessment and the comprehensive informational assessment/case action plan to be presented to the Reception Classification Committee for further consideration of assignments and referrals.

New Jersey Juvenile Justice Commission, Policy 09MS:E.02 (rev 2009), RECEIVING SCREENING – NEW INTAKES: This policy is to identify and meet any urgent health needs of residents admitted to an agency facility; to identify and meet any known or easily identifiable health needs that require medical intervention before the resident’s health assessment; and to identify and isolate residents who appear potentially contagious. This policy requires an initial receiving screening, including a Snellen Vision Screening, at an intake facility that includes identifying and addressing any language barriers (blind, deaf, Limited English Proficient). Immediate psychiatric referral shall be made for any resident who is identified as high risk with a history of sexually assaultive behavior; and/or resident is identified as at-risk for sexual victimization. If a resident is suspected of being a victim of abuse or neglect, the qualified health care professional or trained health care liaison shall immediately notify the Facility Administrator and chain of command. All residents are tested initially for sexual transmissible infections, tuberculosis and pregnancy (if applicable).

State of New Jersey Juvenile Justice Commission, dated October 14, 2014, from Executive Director Kevin M. Brown: “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.” A Juvenile Consent: Reporting Prior Non-Institutional Incidents of Sexual Victimization to The Division of Child Protection and Permanency (DCCP) (rev 2014) for was implemented that allows the juvenile to consent to the sharing of information.

New Jersey Juvenile Justice Commission, Health Policy Services Manual, Policy HS:0101 (rev Oct 2015): Section 2.7 Communication on Special Medical Needs addresses the documenting and sharing of information with the Superintendent or designee on any special needs that could affect a juvenile’s housing, work and program assignments and disciplinary sanctions.

Interviews with both medical and mental health staff indicated that they are aware of the informed consent requirements for residents aged 18 or older. Both indicated that if a youth reports a prior victimization and is under the age of 18, they are required to report this to DCCP. Both report that information is kept confidential with exception of information needed to make decisions on the placement of youth and any special needs. In an interview with risk screening staff, it was reported that there is an auto generated notice to Qualified Mental Health Care Professionals when prior sexual victimization or previously perpetrated sexual abuse is identified.

Standard 115.382 Access to emergency medical and mental health services

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy requires that if reported within 5 days of the incident both medical and mental health treatment provided at the facility shall be limited to emergency measures for physical injuries if applicable and emotional stability of the juveniles without interfering with evidence collection. Policy requires that the youth be transported for a medical examination to an outside

facility having on staff and available a licensed Sexual Assault Forensic Examiner (SAFE) and/or Sexual Assault Nurse Examiner (SANE). Policy also requires that alleged victims and perpetrators shall be referred to mental health services to be seen for evaluation and follow-up services as needed as soon as possible, but in any event not later than within 24 hours.

New Jersey Juvenile Justice Commission, Health Policy Services Manual, Policy HS:0101 (rev Oct 2015): Section 6.7 Sick Call and Emergency Services requires that each facility shall designate one or more community-based hospital emergency department or other appropriate facilities, and emergency transport services. The names, addresses and telephone numbers of these service providers shall be readily accessible to all personnel.

Interviews with medical staff indicate that an immediate transport for SANE/SAFE services would be arranged when made aware of an allegation made within 5 days of the incident. Access to emergency contraception and sexually transmitted infections prophylaxis shall be provided by the Emergency Department, with follow-up at the facility per medical orders, including testing for HIV and sexually transmitted diseases by consent or court order. Both medical and mental health staff report that services provided are consistent with the community level of care. Interviews confirm that residents are not changed for any treatment services. SANE services are provided through Virtua & Lourdes Hospital. There were no residents who reported a sexual abuse at this facility.

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

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy requires all residents who report victimization, regardless of when and where it took place, to be referred for treatment and counseling as identified. Medical staff shall ensure that victims are referred to mental health services to be seen for evaluation and follow-up services as needed as soon as possible, but in any event not later than within 24 hours. Requires medical staff to follow-up on any medical orders, including testing for HIV and sexually transmitted diseases by consent or court order.

New Jersey Juvenile Justice Commission, Health Policy Services Manual, Policy HS:0101 (rev Oct 2015): Section 6.7 Sick Call and Emergency Services requires that upon the return of a juvenile from an emergency room visit the DNM or designee will review the Emergency Room Report and ensure that appropriate Professional Medical Staff are contacted for follow-up orders and that medical staff will assess the juvenile upon their return. Medical staff will also schedule a follow-up medical assessment.

Interviews with medical and mental health staff confirm policy. Medical confirms that follow-up services include a 6-month laboratory workup. Mental Health services are provided as needed after the initial meeting. Both medical and mental health staff confirm that services are provided at no cost to residents.

Standard 115.386 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): Policy requires that a sexual abuse incident shall be conducted at the conclusion of every sexual abuse investigation, except where the investigation has concluded that the allegation is unfounded. The review shall ordinarily occur within 30 days and shall be conducted by a team appointed by the Executive Director comprised of upper-level management officials, within input from line supervisors, investigators, and medical or mental health practitioners. The team shall prepare a report of its findings that shall include determination of the need for policy changes, group dynamics and physical barriers, staffing levels and whether the need for monitoring technology should be deployed or augmented to supplement staff. The report shall be submitted to the Superintendent and to the facilities PREA Compliance Manager for review and implementation of any determinations. The Executive Director or designee shall document the Commission’s response to the report which shall include the extent to which and why the report’s recommendations have or have not been implemented.

There were no incidents of sexual abuse reported in the past 12 months and therefore no sexual abuse incident review reports to view. A conversation with the Agency-wide PREA Coordinator found that he sits on this committee and included in the meeting is input from all parties as required. The Superintendent interview found that the facility also conducts its own incident review and this is shared with the team.

Standard 115.387 Data collection

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): The policy requires the collection of accurate, uniform data for every allegations of sexual assault. The Deputy Director of Operations and Chief of Information Technology implemented a data collection protocol and collect all data relating to PREA.

The Commission has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. This information is maintained in the Juvenile Information Management System (JIMS). There are no contracted facilities, so facilities only under their direct control are noted in the data collection. A review of the annual report revealed it was completed according to this standard.

Standard 115.388 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): The policy requires that at least annually the Director of Operations or designee shall review data collected and aggregated in order to assess and improve the effectiveness of Commission policies and procedures with respect to sexual abuse prevention, protection of and response to incident of sexual abuse, and training. On the basis of this review, the Director of Operations shall make recommendations to the Executive Director as are reasonable and necessary with respect to operational areas or issues requiring remedial action and recommendations for amendments to policies, internal management procedures or rules. An annual report summarizing findings and recommended corrective actions for each Commission facility, as well as for the Commission as a whole, shall be prepared and submitted to the Executive Director for approval. The report is required by policy to be posted on the Commission's website and shall include information on how hard copies may be secured by members of the public. Policy requires that any redaction of specific information must be documented where there is a clear and specific threat to the safety of a juvenile, staff, or to keep the safe and orderly operation of a facility; or that violates confidentiality.

The Agency provided the Comprehensive Juvenile Justice Commission PREA Data Collection and Review Report covering the 2016 calendar year. This report contains the purpose of PREA, Agency Achievements and Accomplishments in their continued compliance with PREA Standards, Attachments showing years 2014, 2015 and 2016 sexual abuse and sexual harassment allegations and outcomes of the investigation for comparison with a narrative, and facility specific adjustments made to the facilities to ensure continued compliance with PREA Standards. Any personal identifiers have been removed and the report has been approved by the agency head.

Standard 115.389 Data storage, publication, and destruction

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

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

New Jersey Juvenile Justice Commission, Policy ED:01.02 (rev 2016), PRISON RAPE ELIMINATION ACT (PREA): The policy requires that data will be maintained, stored and disposed of in accordance with records retention schedules prepared in accordance with the provisions of N.J.A.C. 15:3-2, Records Retention.

A statement from the IT department states that data will be maintained from 10 years from the date of initial collection. Data collected will be securely maintained. Data will be encrypted and password protected to prevent unauthorized dissemination. Data will be made public beginning February 2015. The Department of Treasury, Division of Revenue and Enterprise Services, Records and Management Services retention schedule was reviewed. The following files will be maintained for 10 years from the date of the resident's most recent discharge or resident age of 23, whichever is later: Resident Classification Master File, Agency Specific Resident Information Database, Hospital Injury Report File, Special Psychological Reports File, and Medical File.

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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Bobbi Pohlman-Rodgers

April 30, 2017

Auditor Signature

Date