

PREA AUDIT REPORT INTERIM FINAL
 JUVENILE FACILITIES

Date of report: 04/08/16

Auditor Information			
Auditor name: Dorothy Xanos			
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Telephone number: (813) 918-1088			
Date of facility visit: March 9–10, 2016			
Facility Information			
Facility name: Vineland Preparatory Academy			
Facility physical address: 2000 Maple Avenue, Vineland, NJ 08638			
Facility mailing address: (if different from above) Click here to enter text.			
Facility telephone number: (856) 696-6624			
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 checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Bilal Muslim			
Number of staff assigned to the facility in the last 12 months: 58			
Designed facility capacity: 60			
Current population of facility: 20			
Facility security levels/inmate custody levels: Low - Community			
Age range of the population: 16-21			
Name of PREA Compliance Manager: Mark Mutcherson		Title: Senior Youth Worker	
Email address: mark.mutcherson@jjc.nj.gov		Telephone number: (856) 696-6624	
Agency Information			
Name of agency: New Jersey Juvenile Justice Commission			
Governing authority or parent agency: (if applicable) Click here to enter text.			
Physical address: 1001 Spruce Street, Suite 202, Ewing, NJ 08638			
Mailing address: (if different from above) Click here to enter text.			
Telephone number: (609) 292-1400			
Agency Chief Executive Officer			
Name: Kevin Brown		Title: Executive Director	
Email address: kevin.m.brown@jjc.nj.gov		Telephone number: (609) 292-1400	
Agency-Wide PREA Coordinator			
Name: Luis Valentin		Title: Chief of Employee Relations and Legal Affairs	
Email address: luis.valentin@jjc.nj.gov		Telephone number: (609) 341-3196	

AUDIT FINDINGS

NARRATIVE

Vineland Preparatory Academy (VPA) is a 60 bed male community based facility located in Vineland and governed by the New Jersey Juvenile Justice Commission (JJJ) and includes a residential and a transitional component. VPA opened in May 2012 and is the largest community program in the Juvenile Justice Commission providing adjudicated young men identified with substance abuse and behavioral issues. These individuals are placed through the Juvenile Justice Commission's classification and intake process or the state-wide juvenile probation departments for the duration of 6 - 12 months. The program is designed to promote responsibility, initiative and the development of healthy coping skills through a cognitive-based social learning curriculum entitled, "New Freedom". The staff at VPA teaches the young men to gradually understand the impact that substance abuse has had on their past behaviors, their current circumstances, and subsequently, the lives of those around them, particularly their families. There were twenty (20) residents at the facility at the time of the review.

VPA is staffed with fifty-three (53) full-time and part-time employees. The staff consisted of: Superintendent; Assistant Superintendent; Clinical Supervisor, Substance Abuse Supervisor; two (2) Social Workers; two (2) Substance Abuse Counselors; two (2) Youth Worker Supervisors; twenty-six (26) Youth Workers (Direct care staff); Court Liaison; ten (10) education staff and six (6) other staff (food service, maintenance and administrative office). A mental health therapist at the facility is contract through Rutgers University Behavioral Healthcare and provides mental health services.

The full-time licensed registered nurse providing medical services at the facility is contracted through Rutgers University Behavioral Healthcare. The nurse is on-site eight (8) hours a day, five (5) days a week and an on-call physician. All residents are seen by a physician upon arrival to the facility. Additionally, the nurse is responsible for the coordination of the medical services. The medical staff provides medical care to include: completing the initial intake assessment, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams, dietary services and referrals, administration of medications/treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with any restraint or seclusion, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Emergency services and forensic examinations are conducted at the Inspira Hospital, Bridgeton, New Jersey.

Education services are delivered on site by General and Special Education instructors from the JJC Office of Education (OOE). Daily educational services are provided at VPA through the New Jersey JJC Office of Education. OOE provides: Site Education Supervisor (SES), Education Program Developmental Specialist, seven (7) certified Teachers 1 & 3 and EPA Teacher whom all share a common mission. The mission of the JJC Office of Education (OOE) to provide students in its custody with equal access to high quality educational instruction. This educational experience focuses on student-centered learning environments grounded in rigor, relevance, relationships and real world problem solving applications. It is their belief that all students have the ability to learn, given the proper instructional environment. The OOE must ensure that students are provided with an educational program that is compliant with the Common Core State Standards (CCSS), meets the requirements of the sending district, and the needs of its unique student population.

Upon entry, each student is given a battery of assessments to determine current levels of academic performance. Personalized Student Learning Plans (PSLP) or Individualized Education Plans (IEP) are developed for each student, based on the results of the initial assessments. Interaction between JJC educational sites and local school districts is frequent and ongoing. Beginning at the time of entry into a JJC program/facility, education staff work directly with the Local Education Authority (LEA) to provide the appropriate level of education, required services and inter-school communication to assure student success. The Site Education Supervisor (SES) conducts regular meetings with students to review progress, implement programs and prepare for transition back to the LEA. OOE goals consist of : (1) To redesign the instructional program, optimizing organizational and administrative efficiency, leading to improved teaching and learning; (2) To better serve the unique needs, interests, abilities and learning styles of individual students, utilizing multiple pathways for students to achieve success and (3) To deliver a comprehensive educational program specific to each student, while promoting opportunities for positive growth and development. Additionally, the goal of their educational programming is to prepare students for continued learning and workforce preparation by offering a wide-range of challenging academic and career-technical experiences that meet the needs of both special education and regular education students. Supplemental Educational Services are provided for classified students whose educational program is governed by an IEP. The OOE is focused on ensuring that students who participate in Career and Technical Education (CTE) programs are taught the same challenging proficiencies as public school students.

Course offerings are routinely evaluated to ensure they are meeting the needs and interests of our students, as well as meeting current growth trends and labor market demands. Students are provided with activities that will assist them in developing and mastering required proficiencies necessary to meet high school graduation requirements and/or entry-level employment.

DESCRIPTION OF FACILITY CHARACTERISTICS

Vineland Preparatory Academy (VPA) was opened in 2012 and is a residential facility with a transition component. VPA provides a safe atmosphere for youth to learn and grow through education, job readiness, spiritual development and substance abuse treatment. The program implements a schedule of community activities that offer healthy alternative experiences to the negative lifestyle they were accustomed to. VPA has an annex and administrative building, kitchen and dining area, an educational building, a gymnasium, outdoor basketball court, tennis court, baseball field, three (3) green houses, a medical station, a maintenance building and four (4) living cottages. VPA provides a safe environment and a structured daily routine, which promotes consistency for residents and staff. The daily routine includes meals, school, treatment services, health care, physical exercise and bed time. VPA's Transition Component serves up to fifteen (15) adjudicated residents. Three (3) beds are reserved for Step-Up residents who are on the verge of violating their parole and can return for a period of 30 days for additional services. Each resident is provided with a continuum of service designed to meet their aftercare needs as outlined by Juvenile Parole & Transitional Services and sending JJC programs.

VPA provides a gender-specific evidence-based substance abuse treatment program called "New Freedom Curriculum" and it is based on cognitive behavior therapy (CBT) and motivational interviewing (MI) models. It addresses dependencies and underlying thoughts and feelings that contribute to substance abuse. It increases the awareness of the pattern of cycle of thoughts, feelings and behaviors that have led to relapse in the past and begins the process of personal awareness and change. The program helps to build motivation for lifestyle changes and indicates discrepancies between current behaviors and the achievement of desired life goals. The program provides practice in developing new coping skills. Overall this program addresses the whole cycle of dependency and the elements needed to create change, including self awareness, cognitive restructuring, skills for relapse prevention and self-efficacy. Each resident participates in five (5) New Freedom Groups per week. In addition to New Freedom, residents are introduced to 12 step programs and are exposed to three (3) NA/AA meetings per week in the community.

VPA provides community service opportunities to allow residents to enhance employment skills, social skills, and overall life skills. Residents participate in discussions related to returning home and remaining on the right path. Transitional are able to meet with their community program specialist, parole officer, probation officer and family to discuss their release plans and their community treatment services. Also residents participate in community service experiences as a means of giving back, that may include feeding the homeless, working in soup kitchens, beautifying the community etc.

Programs and services offered include the following:

- (1) CAREER/TECHNOLOGY EDUCATIONAL COMPONENT (CTE): CTE includes Computer Lab, Career Education, Horticultural /Landscaping and Computer Literacy instruction which assists students with business planning, resume writing, job searches, and the production of the VPA Newsletter. Students prepare to return to their high schools and graduate with their classes or prepare to take their GEDs while under the facility's care.
- (2) HOLT/CULTURE: The Horticulture program teaches students Applied Horticultural Sciences. Students are taught plant science, plant propagation, integrated pest management, landscaping, lawn care, turf grass maintenance and vegetable gardening and the proper care of holiday plants, bedding plants, foliage plants. The program utilizes two (2) 30 feet x 96 feet climate controlled green houses, and one (1) 20 feet x 45 feet cold frame greenhouse with an outside area for the vegetable garden. Also, students grow their own plants and take them home with them upon release from the facility.
- (3) NEWSLETTER: The Vineland Preparatory Academy newsletter was implemented in October 2014. The articles are written by students at VPA as well as students from two other JJC programs. The majority of the articles are focused on current world/community events, program events, JJC events, history and the inner thoughts of our residents. The newsletter is produced by the JJC educational staff and printed once a month.
- (4) ATHLETICS: VPA has a high school varsity basketball team that participates in interscholastic sports during two seasons (Winter season, December- March and the summer season, June-August). The basketball team plays a competitive schedule during both seasons. The competition includes top South Jersey high schools. The team participates in basketball tournaments during the winter season. VPA has a beautiful full size gymnasium with a full court and a weight room where residents train during basketball seasons. Our student-athletes are coached by an elite group of youth workers who have a great deal of basketball experience.
- (5) CULINARY ARTS PROGRAM: The Culinary Arts Program is a 40-hour ten-week program where students learn safety and sanitation techniques from the ServSafe Food Handler Guide that prepare them to pass the state certification test at the completion of the course. Students learn basic kitchen measurements including the difference between wet and dry measuring basic knife skills and are exposed to cooking and baking. By the completion of the course, students should be able to double a recipe and complete receipt recipe with very little assistance. Students should also be able to obtain an entry level job in a commercial kitchen upon completion of the course. The teacher is certified in the area Culinary Arts.
- (6) RESTORATIVE JUSTICE: VPA residents participate in various components of the JJC's Restorative Justice Unit. These components include Speakers Bureau, Victims Impact and Community Service. Through these components residents learn the interconnectedness of communities and to give back to their communities as a way to correct their wrongs. The Restorative Justice staff train participants in public speaking techniques in order to present themselves in a positive manner to diverse populations. In their presentations, VPA residents encourage community residents to adopt healthy life styles and value their education.
- (7) SERV- Serving Emotional Residents victims (Contracted): SERV is the State Designated Sexual Violence Program in Camden, Gloucester, and Cumberland Counties. SERV provides a weekly service to VPA via group settings for eight (8) week cycles to reduce and

prevent sexual and domestic violence in our community.

(8) **RELIGIOUS SERVICES:**Residents are offered the opportunity to attend church services in the community on Sunday and Islamic services on Friday. Bible study is offered on Tuesday on unit. All dominations of faith are encouraged to celebrate religious observances.

(9) **CHAPLAINCY SERVICES:** There is an opportunity for residents at VAP to express their religious beliefs and preferences. All residents who wish to attend services or have religious counseling may do so. The Chaplain conducts services and provides counseling to the entire population. JJC Chaplaincy Services ensures that all spiritual needs are met and also provides emotional support through various counseling sessions (general, grief etc.), as well educational assistance through tutoring as needed or upon request. It is the goal of Chaplaincy Services to assist staff in the progression and success of each resident.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted by January 27, 2016, six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs received electronically from the JJC PREA Coordinator. The photographs indicated notices were posted in various locations throughout the facility including the front foyer, dining area, cottage day rooms, education, gym and staff office areas. This auditor did not receive any communications from the staff or the residents as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received by February 8, 2016. The documents, which were uploaded to a UBS flash drive, were organized and easy to navigate. The initial review revealed the need for additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address some of the standards. The majority of the supporting documents and noted concerns were provided during the on-site visit. Specific corrective actions during the on-site visit taken to address some of the deficiencies are summarized in this report under the related standards.

The on-site audit was conducted on March 9-10, 2016. An entrance briefing was conducted with the Superintendent, Assistant Superintendent and Sr. Youth Worker/PREA Compliance Manager. During the briefing, it was explained the audit process and a tentative schedule for the two (2) days to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the entire facility was conducted including the annexa and administrative area, kitchen and dining area, four (4) living cottages, vocational and educational areas including school offices and classrooms, medical station, gym and maintenance building. During the tour, residents were observed to be under constant supervision of the staff while involved in school and other activities. The facility was clean and well maintained. Notification of the PREA audit was posted in all locations throughout the facility as well as postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate. Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There were no cameras installed in the resident's rooms or shower/toileting area so residents are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they supervise the shower area. During the tour, it was observed the shower/toilet areas in the male unit/cottage areas did allow for privacy.

During the two (2) day on-site visit, there were a total of twenty (20) residents in the facility. There are four (4) living cottages however one (1) cottage was closed for renovation and four (4) residents were randomly selected from two (2) cottages and one (1) resident was selected from the other cottage for the interview process. Also this auditor spoke with three (3) residents asking various questions during the facility tour. A total of twelve (12) residents were interviewed on both days of the audit. Residents were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as the hot line, grievance process and or a trusted staff. The community victims' advocacy service and telephone number is available to the residents. There is evidence of efforts of JJC obtaining a Memorandum of Understanding to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams.

Twenty-one (21) staff including those from all three (3) shifts, administrative and supervisory staff, medical and mental health/substance abuse staff, social work staff, contracted staff (culinary teacher), the Superintendent and Assistant Superintendent and varied staff during the facility tour were interviewed. JJC Executive Director, JJC PREA Coordinator, Human Resources, and one of the Investigators had been interviewed prior to the arrival to the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the JJC PREA Coordinator, Regional Administrator, Superintendent, Assistant Superintendent and Sr. Youth Worker/PREA Compliance Manager. At the exit debriefing, it was discussed additional documentation was required for sixteen (16) standards and it was determined this information would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by the PREA Coordinator. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Number of standards exceeded: 3

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 1

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.

The initial review of the New Jersey Juvenile Justice Commission (JJC) Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] revised 1/11/2016, outlines how the facility implements its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. Additionally, the policy provided guidelines for implementing the facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents. It is evident the executive administration (Executive Director, Deputy Executive Director, and PREA Coordinator) and the PREA Executive Committee has taken the PREA Standards to another level and it is reflected in their commitment to protecting the residents in their care throughout the State of New Jersey.

JJC has a designated juvenile PREA Coordinator who works statewide to implement the PREA Standards and who indicated he has sufficient time and authority to develop, implement and oversee compliance efforts of fourteen (14) residential facilities. The Sr. Youth Worker is designated as their PREA Compliance Manager who also indicated that he has sufficient time to oversee the facility's PREA compliance efforts and perform other duties as assigned. It was evident during the staff interviews, staff had been trained and were knowledgeable of JJC Agency's Zero Tolerance Policy including all aspects of sexual abuse, sexual harassment and sexual misconduct in accordance with the requirements .

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.

A review of the documentation revealed JJC does not contract for the confinement of residents with private entities or other entities, including other government agencies. This standard is not applicable to this facility.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)]; Policy 14ED:01.29 (Development of Post Plans in Secure Facilities) and 12 CP:09.01 (Juvenile Supervision) required each facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of residents, account for departmental resident to staff ratios, physical plant, video monitoring, and federal standards. In addition, to comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts. During the initial documentation review, the facility staff to resident ratios varied due to the fluctuation of the resident population. During the two (2) day site-visit, the staff to resident ratios was 1:8 for awake hours and 1:16 for sleeping hours. The JJC executive team will be revisiting the staffing of this facility to ensure compliance with this standard by October 1, 2017. The facility reported that there have been no deviations from the minimum staffing levels during the past 12 months. In addition, minimum staff ratios are always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. Unannounced rounds are conducted every day and on every shift and documented on a form that contains observations of all areas of the facility. Staff interviews confirmed the process takes place in the facility. The Superintendent created a rotating schedule for himself and assigned the Assistant Superintendent and Supervisors to conduct and document unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment.

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.

The initial review of the New Jersey Juvenile Justice Commission (JJJ) Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)], The Department of Law and Safety Policy 13:95.5.6, 5.7 & 5.8 and Policy 12 CP:09.07 (Search Plan) revealed policy and procedures on limited pat-down searches to same gender staff absent exigent circumstances, shower procedures, female staff announcing when entering housing area, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. A review of the training documentation and staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. There were no cross-gender pat-down searches conducted during the past 12 months. Staff and resident interviews indicated that female staff entering the housing area consistently announce themselves. Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. Additionally, staff and resident interviews indicated that female staff are prohibited from entering the bathroom/shower area while residents are showering. All residents stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. All staff were able to describe what an exigent circumstance would be and all were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches.

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.

An initial review of the N.J.A.C. Policy 6A:14 and 6A:15 (Bilingual Education) contained procedures to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the policy states the facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a residents' safety. There are posted signs throughout the facility in English and Spanish and classification/intake staff have access to a Directory from the NJ Division of the Deaf and Hard of Hearing referral list containing a contact list of free-lance sign language interpreters. OOE will provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. The facility has three (3) bi-lingual staff who can interpret for the residents. Also the bi-lingual staff are scheduled on different shifts so that there is an interpreter on each shift. Staff and resident interviews confirmed the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months. Staff training documentation, pamphlet and resident handbook contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth. Also the resident handbook is available in Spanish.

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)

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and 14 HR: 07.02 contained all the elements required by this standard and all background checks are conducted initially on new employees and promotion decisions of the agency. The initial background checks include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to state and federal criminal databases to conduct background checks, Child Abuse Record Information (CARI) checks and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. However, they are prohibited by law from asking about any criminal arrest history, as an arrest unsupported by a conviction or an expunged or pardoned conviction may not be considered in considering applicants for non-law enforcement positions. The agency conducts 5-year background checks for all employees and contractors. Material omissions by an employee is subject to termination. Additionally, contractors who have contact with residents have documented criminal background checks. A sampled review of staff HR records contained the documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process.

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)

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.

VPA has not been newly designed or had a substantial expansion or modification. However, mirrors were installed on the cottage stairwells to provide visual from first to second floor. LED lighting was installed on the first floor of one cottage to provide adequate lighting. The Superintendent is in the process of obtaining quotes to complete the LED lighting installation on the second floor of each cottage. The facility has added a surveillance system and cameras are located through out the facility. During the tour, the video surveillance system in the Assistant Superintendent's office was observed. This will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor residents more efficiently throughout the physical plant of the 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)

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Initial documentation review of JJC Policy 13001:01.04 (Evidence Collection, Control and Security) and Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, it requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Documentation and staff interviews confirmed the Office of Investigations (OOI) conducts the administrative and criminal investigations of allegations of sexual abuse, sexual harassment and sexual misconduct. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment. There is evidence of efforts of JJC obtaining Memorandum of Understanding with Inspira Health Bridgton Crisis to provide confidential emotional support to residents who are victims of sexual abuse. Documentation was provided that the medical examiners at Inspira Health Medical Center is SANE certified. All residents are offered a forensic medical examinations at no financial cost to the victim.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse, harassment or misconduct to the Office of Investigators (OOI) for investigation. The PREA policy can be found at the state's website www.nj.gov/lps/jjc/prea.html. The facility has reported eleven (11) allegations of sexual abuse and sexual harassment resulting in administrative investigations and zero referred for criminal investigation. All staff interviews reflected and confirmed their knowledge on the reporting and referral process and policy's requirements. Additionally, the staff knew the agency to notified in response to an allegation of sexual abuse, sexual harassment and sexual misconduct.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires PREA Training upon initially becoming an employee (entry level training) as well as refresher training every two (2) years. All eleven (11) topics covered during PREA training are consistent with this standard's requirements and is tailored to the facility's male resident population. The staff training documentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All staff are required to sign an "Acknowledgment of Training" form and complete a question and answer exam upon completion of the initial PREA training. A review of sampled electronically maintained training rosters as well as staff interviews confirmed that staff are receiving their required PREA Training. Staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and or sexual harassment.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and Policy 14HR:07.02 (Periodic Criminal History Checks Employees, Volunteers, Interns and Contractors) requires volunteers, interns and contractors who have contact with residents to receive PREA training. All volunteers, interns and contractors receive the same PREA training as the facility staff and the training is documented. All volunteers, interns and contractors are required to sign and date a "Training Acknowledgment and Policy Receipt" and complete a question and answer exam upon completion of the initial PREA training acknowledging they understand the training they received. Documentation confirmed they are aware of the facility's requirement for confidentiality and their duty to report any incidents of sexual abuse and or sexual harassment. Interviews with one (1) contracted teacher confirmed her knowledge of the PREA training. Interviews with medical and mental health staff confirmed they had received the required specialized training through Rutgers University Behavioral Healthcare.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires residents to receive comprehensive age appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations within 10 days upon arrival. However, the social work staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. This information is reviewed verbally with the resident and a handbook is provided to them for future reference. After the review with the resident he is asked to sign various forms which include: Resident Handbook Rights & Orientation Receipt and Acknowledgment Signature form, to name a few verifying receipt for all information regarding orientation to the facility. All residents are provided a PREA pamphlet which includes information on prevention/intervention, self-protection, reporting and treatment/counseling. Both the Resident Handbook and PREA pamphlet are available in Spanish. Additionally, there is an Ombudsman and formal Request and Remedy procedure to allow the residents with another avenue of reporting sexual abuse and sexual harassment. Documentation of resident's signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and identified the receipt of the handbook and pamphlet. Additionally, they indicated their social work staff have continued to provide this education on an ongoing basis. It is evident the facility has exceeded this standard by providing the residents with various ways to report sexual abuse and sexual harassment.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment and requires staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Office of Investigations (OOI) for investigation. There are ten (10) investigators statewide who conduct investigations for JJC and all ten (10) have completed the "PREA Investigating Sexual Abuse in Confinement Setting for Investigators" course. Additionally, there was an investigation training at the facility level on how to conduct administrative investigations. All Superintendents statewide were required to attend this training. Documentation and Superintendent interview confirmed he attended the required training.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires PREA training and specialized training for medical and mental health staff. Initial review of training documentation revealed medical and mental health/substance abuse staff received the basic PREA training provided to all staff. All medical and mental health staff received specialized training through Rutgers University Behavioral Healthcare. Interviews with two (2) medical and mental health staff confirmed their understanding of the requirement to complete the specialized training and verified completing the course. Also, they indicated the University continually offers various trainings to keep them up-to-date with medical and or mental health requirements. None of the medical staff conduct forensic examinations.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness with the "Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization" form. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into the alert system, as well as receiving further assessments, as identified. This intake screening is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Classification reviews to reassess residents occur at a minimum of every thirty (30) days and throughout their stay at the facility. The facility's policies limits staff access to this information on a "need to know basis". Resident interviews and the documentation revealed that risk screenings are being conducted on the same day as the admission. Staff interviews confirmed a screening is completed on each resident upon admission to the program. Residents reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health. Although there have been no transgender or intersex residents admitted to the facility within the past year, staff were aware of giving consideration for the resident's on views of their safety in placement and programming assignments.

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.

JJC Policy 14 ED:01.02A [Prison Rape Elimination Act (PREA)] and Policy 14 CP: 09.08 (Incidents) precludes gay, bi-sexual, transgender and intersex residents being placed in a particular housing unit, beds or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process (Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization and PREA Screening form) and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The social work staff utilize various forms and any other pertinent information during the resident's admission process. Staff interviews described how information is derived from the forms as indicated above and the initial health assessment and mental health/substance abuse screening forms to determine placement and risk level. There are four (4) cottages with both single and double occupancy rooms.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and VPA provides multiple internal ways for residents to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include advising an administrator, a staff member, telephoning the Division of Child Protection and Permanency (DCPP) hotline and/or Ombudsman, placing a written complaint (Remedy Request form) in the grievance box, and third party. While touring the entire facility, it was observed in the living areas postings of the Ombudsman information and PREA materials (posters). The victim advocate information postings were limited. Reporting procedures are provided to residents through the Resident Handbook. All staff and resident interviews along with the resident's handbook and supporting documentation verified compliance with this standard. Prior to completing the on-site audit, victim advocate information was clearly posted on the bulletin board in one of the cottage dayrooms and posted throughout the facility.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and Policy 14 ED:01.27 (Remedy & Request Process) describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or harassment. Residents may place a written complaint in the grievance box located in various locations (dining area, living areas) throughout the facility. The facility has a multi-layered grievance process enabling timely response and layers of review. The policies and procedures describe an unimpeded process and allow for other individuals to assist a resident in filing a grievance or to file grievances themselves on behalf of residents. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. Grievances are to be resolved with a written response no later than twenty (20) days and within ten (10) days a resident can appeal the resolution. Resident interviews and documentation confirmed the grievance process relating to sexual abuse or sexual harassment.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] ensures that residents are provided access to outside confidential support services, legal counsel and parent/guardian. There is documentation of the JJC PREA Coordinator's efforts to obtain victim advocate services with New Jersey Coalition Against Sexual Assault (state-wide), the Contact of Burlington (local) and NJ Court Appointed Special Advocates (CASA). There have been no calls from residents to outside services in the past 12 months. Resident interviews revealed limited knowledge of how to access outside services. Additionally, resident interviews confirmed they have reasonable and confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The facility provides two calls to parents/legal guardians weekly, provides for the toll free hotline to report sexual abuse, permits parental/legal guardians visitation and letter writing to parents/legal guardians. Posters were observed during the tour, the resident handbook and PREA pamphlet contained information of outside services including the Ombudsman services. However, additional education has been provided to the residents on victim advocate services and the telephone number is clearly posted for residents viewing.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and Policy 13 ED:01.05 (JJC Press and Public Information Policy) identifies the Commission's third party reporting process and instruct staff to accept third party reports. JJC website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident and created a Third Party PREA Complaint form which is available on the state's website. Additionally, parents/guardians receive information regarding third-party reporting from the facility. All resident interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the facility including access to their parent(s)/legal guardian(s) and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney. All staff interviews were able to describe how reports may be made by third parties.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] identified the reporting process for all facility staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In addition, a Memorandum dated August 20, 2014 was issued instructing all staff on required notifications upon allegations of sexual abuse. All facility staff are mandated reporters and random staff interviews confirmed the program's compliance with this standard. Interviews with medical and mental health staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality. All facility staff receive a PREA Staff Reference Guide with clear steps on how to report sexual misconduct and to maintain confidentiality. Additionally, all facility staff are required to complete a Suspected Child Abuse Report which is then called into the DCP&P Child Abuse Hotline, 4 hour PREA Screening form and the resident signs a juvenile consent form.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] require that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Documentation and interviews with the Superintendent and other random selected staff were able to articulate, without hesitation, the expectations and requirements of JJC Policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. Staff indicated if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services. All resident interviews reported they feel safe at this facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires the Superintendent, upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the Superintendent where the alleged abuse occurred and to report it in accordance with JJC policy and procedures. Also according to policy and procedure the Superintendent is to immediately report the incident to the Office of Investigators (OOI) for investigation and complete an incident report. The Superintendent had not received allegations that a resident was abused while confined at another facility during the past 12 months.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and Staff Reference Guide for Sexual Abuse Allegations requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There has been no allegations of sexual abuse during the past 12 months. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused. Also, every interviewed staff, without hesitation, described actions they would take immediately and these steps were all consistent with JJC policies and procedures. It was evident that staff have been trained in their responsibilities as first responders.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)], PREA Staff Reference Guide and NJTS Coordinated Response Plan provides a written facility plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, mental health, facility leadership and executive staff. Coordinated Response clearly enumerate the actions to be taken by each discipline or involved staff person. These include the following: The First Responder, Shift Supervisor, Medical and Mental Health Staff, Superintendent, OOI and the Deputy Director of Operations or designee. Plans include instructions for accessing SANE/SART sites, Victim Advocates, Division of Child Protection and Permanency (DCPP), Commission for the Blind and Visually Impaired and Directory of Sign Language Interpreters Legal List. Interviews with the Superintendent and other staff validated their technical knowledgeable of their duties in response to a sexual assault.

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 provided for ten (10) Memorandum of Understanding (Agreement) and the agreements are consistent with provisions of PREA standards 115.372 and 115.376. The first is: MOU - The State of New Jersey (Employer) has entered into Memorandum of Understanding (Agreement) with American Federation of State, County and Municipal Employees (AFSCME) AFL-CIO (the Union). The second is: MOU - The State of New Jersey (Employer) has entered into Memorandum of Understanding (Agreement) with the Communications Workers of America (CWA) AFL-CIO (the Union). The third is: MOU - The State of New Jersey (Employer) has entered into Memorandum of Understanding (Agreement) with the International Brotherhood of Electrical Workers (IBEW). The fourth is: MOU - The State of New Jersey (Employer) has entered into Memorandum of Understanding (Agreement) with the International Federation of Professional & Technical Engineers (IFPTE) Local 195 (the Union). The fifth is: MOU - The State of New Jersey (Employer) has entered into Memorandum of Understanding (Agreement) with the New Jersey Investigators Association (NJIA) Lodge #174 (the Union). The sixth is: MOU - The State of New Jersey (Employer) has entered into Memorandum of Understanding (Agreement) with the New Jersey Law Enforcement Commanding Officers Association (NJLESACOA) (the Union). The seventh is: MOU - The State of New Jersey (Employer) has entered into Memorandum of Understanding (Agreement) with the New Jersey Law Enforcement Supervisoa Association (NJLESA) (the Union). The eighth is: MOU - The State of New Jersey (Employer) has entered into Memorandum of Understanding (Agreement) with the New Jersey Superior Officers Law Enforcement Unit (NJSOA) Lodge #183 (the Union). The ninth is: MOU - The State of New Jersey (Employer) has entered into Memorandum of Understanding (Agreement) with the New Jersey State Police Benevolent Fund (PBA 105) Lodge #105 (the Union). And the tenth is: MOU - The State of New Jersey (Employer) has entered into Memorandum of Understanding (Agreement) with the New Jersey State Police Benevolent Association State Law Enforcement Unit (PBASLUE) (the Union).

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. JJC policy prohibits retaliation against any staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed. The Assistant Superintendent is responsible with monitoring the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. This monitoring would include resident disciplinary reports, housing and program changes, negative performance reports as well as reassignments of staff. There were no incidents of retaliation in the past 12 months.

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.

The initial review of this policy JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] contained information on post-allegation protective custody or guidelines for moving a resident to another housing area or another facility as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident safe can be arranged. The facility does not have isolation. No residents who have alleged sexual abuse in the past 12 months were secluded or isolated from the other residents. The residents would be placed in another housing group or staff would be placed on "no contact with resident."

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and Policy 14001:01.29 (PREA Investigations) require all staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Office of Investigations (OOI) for investigation and determination of criminal charges. There has been no reported investigation of alleged staff's or residents inappropriate sexual behavior that occurred in this facility in the past 12 months. It was evident the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the department, plus 5 years unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and Policy 14001:01.29 (PREA Investigations) contains all the elements of the standard and the Office of Investigations (OOI) investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. An interview with one of the investigators indicated that they conduct fact finding investigations and do not make conclusions following their investigations (which are administrative in nature) therefore the Superintendent in consultation with legal and his supervisory staff and Human Resources would make a determination regarding disciplinary actions to be imposed and the standard they would use is the preponderance of evidence.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires that any resident who makes an allegation that he or she suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. This policy further requires that following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility informs the resident unless the allegations are "unfounded" whenever the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; JJC learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. With regard to investigations involving resident-on-resident allegations of sexual abuse, the facility will inform the resident whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. There has been no reported investigation of alleged staff or resident's inappropriate sexual behavior that occurred in this facility in the past 12 months. The Superintendent validated his technical knowledge of the reporting process during his interview.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement. All disciplinary sanctions are maintained in the employees HR file in accordance with JJC policy and procedures. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. There has been no employees terminated in the past 12 months for violation of the facility's sexual abuse or harassment policies. The Superintendent interview validated his technical knowledge of the reporting process was consistent with JJC policies and procedures.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This was verified during interview with the Superintendent. There have been no volunteers or contractors reported in the past 12 months.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] 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. VPA provides each resident with a Disciplinary Handbook that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Residents will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There were no administrative or criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility in the past 12 months. The Superintendent indicated that residents may also be referred for prosecution if the allegations were criminal.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] and Policy 09MS:3.02 (PREA Guidelines for Medical Staff) require that medical and mental health evaluation and, as appropriate, treatment, is offered to all residents victimized by sexual abuse. Residents who report prior sexual victimization or who disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 calendar days of admission/screening. There were no residents who disclosed prior victimization during their initial screening process. During the interviews with the medical, mental health and substance abuse staff confirmed that although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)], Policy 09MS:3.02 (PREA Guidelines for Medical Staff) and Policy 13 HS:01.01 (Access to Care) victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and crisis intervention services. Documentation provided confirmed treatment services are provided to every victim without financial cost. Lists of hospitals and rape crisis facilities are provided, along with contact information. Inspira Health Medical Center is a SART/SANE facility that provides emergency services and forensic examinations for this facility. Interviews with the medical and mental health staff confirmed that residents have immediate access to emergency medical and mental health services.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)], Policy 09MS:3.02 (PREA Guidelines for Medical Staff) and Policy 13 HS:01.01 (Access to Care) requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported Inspira Health Medical Center where they will receive treatment and where physical evidence can be gathered by a certified SANE medical examiner. There have been no investigations of alleged resident's inappropriate sexual behavior that occurred in this facility in the past 12 months. However, there is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires a Sexual Abuse Incident Review of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded. There are two (2) Sexual Abuse Incident Review teams, one is the executive level and the other is at the facility level. The executive level team consists of the Deputy Director of Operations, Deputy Director of Programs, Clinician Administrator, Rutgers University, Ombudsman and PREA Coordinator. The facility level team consists of the Superintendent, Assistant Superintendent, Medical, Mental Health, and Education staff. There has been no investigations of alleged staff or resident's inappropriate sexual behavior that occurred in this facility in the past 12 months. Staff interviews confirmed they would document their review on their Sexual Abuse Incident Review form that captures all aspects of an incident.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires the collection of accurate, uniform data for every allegation of sexual assault. The JJC Deputy Director of Operations and Chief of Information Technology implemented a data collection protocol and collect all data relating to PREA. JJC has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. 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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2015 Annual Report indicated compliance with the standard and included all of the required elements. The JJC 2015 Annual Report is posted on the JJC Website for public review. The facility monitors collected data to determine and assess the need for any corrective actions. The 2015 annual report was readily available on the JJC website.

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.

JJC Policy 14 ED:01.02 [Prison Rape Elimination Act (PREA)] requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

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.

Dorothy Xanos

April 8, 2016

Auditor Signature

Date