PREA Facility Audit Report: Final

Name of Facility: Ocean County Juvenile Detention Center
Facility Type: Juvenile
Date Interim Report Submitted: 01/24/2026
Date Final Report Submitted: 03/11/2026

Auditor Certification	
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.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Rosa L. Webb	**Date of Signature:** 03/11/2026

AUDITOR INFORMATION	
Auditor name:	Webb, Rosa
Email:	derrywebb1959@outlook.com
Start Date of On-Site Audit:	12/09/2025
End Date of On-Site Audit:	12/10/2025

FACILITY INFORMATION	
Facility name:	Ocean County Juvenile Detention Center
Facility physical address:	165 Sunset Avenue, Toms River, New Jersey - 08755
Facility mailing address:	

Primary Contact

Name:	Edward J Turnbach
Email Address:	Eturnbach@co.ocean.nj.us
Telephone Number:	7322887780

Superintendent/Director/Administrator	
Name:	Jon Carman
Email Address:	Jcarman@co.ocean.nj.us
Telephone Number:	732-288-7717

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Denise Mandella
Email Address:	Dmandella@co.ocean.nj.us
Telephone Number:	732-288-7710

Facility Characteristics	
Designed facility capacity:	47
Current population of facility:	9
Average daily population for the past 12 months:	14
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	12-17
Facility security levels/resident custody levels:	Minimum/Normal/Special Schedule
Number of staff currently employed at the facility who may have contact with residents:	35
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Ocean County Juvenile Services Department
Governing authority or parent agency (if applicable):	Ocean County Government
Physical Address:	165 Sunset Avenue, Toms River, New Jersey - 08755
Mailing Address:	Ocean County Department of Juvenile Services, PO Box 2191, Toms River, New Jersey - 08754-2191
Telephone number:	7322887780

Agency Chief Executive Officer Information:	
Name:	Jon Carman
Email Address:	Jcarman@co.ocean.nj.us
Telephone Number:	7322887717

Agency-Wide PREA Coordinator Information			
Name:	Edward Turnbach	**Email Address:**	eturnbach@co.ocean.nj.us

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
4	• 115.313 - Supervision and monitoring • 115.335 - Specialized training: Medical and mental health care • 115.352 - Exhaustion of administrative remedies • 115.365 - Coordinated response
Number of standards met:	
39	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-12-09
2. End date of the onsite portion of the audit:	2025-12-10

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Community Medical Center and St. Francis Counseling Services

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	47
15. Average daily population for the past 12 months:	14
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	10
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The auditor requested information about the targeted populations and there were not any identified by the facility.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	35
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	There were no assigned volunteers or contractors assigned to the facility as of the first day of the audit.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	There were a total of ten residents during the on-site portion of the audit. The auditor interviewed all ten residents.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers. There were a total of ten residents during the on-site portion of the audit. The auditor interviewed all ten residents.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No additional comments.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

58. Enter the total number of RANDOM STAFF who were interviewed:	13
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor interviewed all of the staff on duty during the onsite portion of the audit.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13

63. Were you able to interview the Agency Head?	○ Yes ◉ No
a. Explain why it was not possible to interview the Agency Head:	The agency head and the superintendent are the same person. There was not anyone else to be interviewed as an agency head.
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No
65. Were you able to interview the PREA Coordinator?	◉ Yes ○ No
66. Were you able to interview the PREA Compliance Manager?	○ Yes ◉ No ○ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. Explain why it was not possible to interview the PREA Compliance Manager:	This is a single facility operated by the county, so the PREA Coordinator provides answers for both interview protocols. There was no additional PREA compliance manager.

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☐ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☐ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☑ Other
If "Other," provide additional specialized staff roles interviewed:	Grievance Staff. Investigations are not completed at the facility and are handled by the Ocean County Prosecutor's Office and their Sexual Assault Response Team.
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	There were no volunteers or contractors assigned to the facility during the on-site portion of the audit.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	◉ Yes ○ No

Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor had access to all areas of the of the facility, as well as the ability to have informal conversations with staff and residents. The auditor conducted a site tour of the first day of the visit, and was accompanied by the PREA Coordinator. There were three housing units. The auditor was given access to the entire campus and visited the control room and observed the different camera angles to ensure there were no identifiable blind spots. During the site review the auditor noted PREA Audit announcements, PREA posters, reporting posters, and information for outside emotional support services were placed throughout the facility. There was a PREA information in each of the housing units.The auditor was given access to the outside recreational areas. The auditor tested the following critical functions: • The facility's process for securing interpretation services Internal reporting methods for confined persons (grievance procedure) • External reporting methods for confined persons • Access to outside emotional support services (St. Francis Counseling Services and Community Medical Center) • Third-Party Reporting (calling the number provided on the posters).

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor reviewed additional documents for staff and residents that were interviewed. Documents reviewed included personnel and training records, as well as updated policies and procedures. The resident documents reviewed included intake records, resident education, and risk screening instruments. There were no barriers to receiving any documentation. The agency and facility provided any documentation right up to the completion of the audit

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility stated there were no sexual abuse incidents or allegations within the past 12 months, so there were no files to review.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The facility stated there were no sexual harassment incidents or allegations within the past 12 months, so there were no files to review.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility stated there were no sexual abuse or sexual harassment incidents or allegations within the past 12 months, so there were no files to review.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 16.1, Prison Rape Elimination Act (PREA) (effective 04/2016) • 2025 Table of Organization, Juvenile Services • Interview with the PREA Coordinator • Observations Made During the Onsite Review **Reasoning and analysis by provision: 115.311 (a)** PAQ: The agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The agency and the facility have a policy outlining how they implement the prevention, detection and response to sexual abuse and sexual harassment. The policies include definitions of prohibited

behaviors regarding sexual abuse and sexual harassment. The policies include sanctions for those found to have participated in prohibited behaviors. The policies include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Ocean County Department of Juvenile Services, Chapter 16.1: CJDC tolerates no form of sexual abuse, or sexual harassment within the facility. Juveniles held in the OCJDC are either under the chronological age of 18, or due to their juvenile court status, are considered by the courts to be under the age of 18. Therefore, all sexual activity between juveniles is prohibited and will be cause for disciplinary action and shall be referred for prosecution. In addition, all sexual activity between staff and juveniles is strictly prohibited and staff shall be disciplined and prosecuted, unless there is a finding that the staff member did not consent to such activity.

Observations made during the onsite review: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility to include the dining room, visitation room, gym, recreation area, living areas, in all common areas, and in the school area.

Reasoning and analysis by provision: 115.311 (b)
PAQ: The agency employs or designates an upper-level, agency-wide PREA coordinator. The PREA coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA coordinator is in the agency's organizational structure.

Ocean County Department of Juvenile Services, Chapter 16.1: OCJDC shall designate a PREA coordinator and allow that person sufficient time and authority to develop, implement, and oversee facility efforts to comply with all PREA standards. (1) If for any reason the position or assignment of PREA coordinator is vacant, the facility director shall move to fill said position as quickly as possible. (2) For any amount of time the position or assignment of PREA coordinator is vacant, the facility director shall act as the de-facto PREA coordinator until the position or assignment is filled.

2025 Table of Organization, Juvenile Services: The PREA coordinator is supervised by the superintendent and has access to the upper administration.

Interview with the PREA coordinator: The PREA coordinator stated they have sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA Standards. When an issue with compliance is found, the PREA coordinator determines what would be the best course of action and reaches out to upper administration. The members of the upper administration are very proactive. Adjusts are made and whatever is needed to be in compliance is determined and achieved.

Reasoning and analysis by provision: 115.311 (c)

PAQ: The facility has designated a PREA compliance manager. The PREA compliance

	manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA compliance manager is in the organizational structure. 2025 Table of Organization, Juvenile Services: There is not a PREA compliance manager. The agency operates only one facility and has a PREA coordinator that oversees the PREA responsibilities. **Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

115.312	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Middlesex Youth Shelter Contract • Interview with Agency Contract Administrator **Reasoning and analysis by provision: 115.312 (a)** PAQ: The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the contracts require contractors to adopt and comply with PREA standards. • The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies since the last PREA audit: 1 • The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0 The agency only has one contract for confinement of their residents with another facility. The other contracts listed are for the juvenile detention center to take residents from other facilities and counties. **Reasoning and analysis by provision: 115.312 (b)** PAQ: The contracts entered into for the confinement of residential services require the agency to monitor the contractor's compliance with PREA standards. • Since the last PREA audit the number of the contracts referenced in 115.312

(a) that DO NOT require the agency to monitor contractor's compliance with PREA standards: 0

Interview with agency contract administrator: The agency does not contract with any agencies public or private for confinement services. The Juvenile family court sends youth to Middlesex Youth Shelter. Ocean County Juvenile Services has an existing Shared Services Agreement to pay for shelter services for juveniles who the Family Court orders to be sent to a youth shelter. The existing contract with Middlesex County states they will comply with PREA standards.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.

115.313	Supervision and monitoring

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Ocean County Department of Juvenile Services, Chapter 16.1, Prison Rape Elimination Act (PREA) (effective 04/2016)
- Ocean County Juvenile Services Video Surveillance and Staffing Plan (effective 01/09/2025)
- Unannounced Rounds Tracking Forms
- Interview with Superintendent
- Interview with PREA Coordinator
- Interview with Intermediate or Higher-Level Facility Staff
- Observations Made During Onsite Review

Reasoning and analysis by provision: 115.313 (a)
PAQ: The agency ensures that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse.

- The average daily number of residents in the past 12 months: 14
- The average daily number of residents on which the staffing plan was predicated: 14

Ocean County Department of Juvenile Services, Chapter 16.1: OCJDC shall develop, implement, and document a staffing plan that takes into consideration and provides

for: (1) Generally accepted juvenile detention and correctional/secure residential (2) practices Position statement of the National Partnership for Juvenile Services suggesting that the optimal ratio of staff to resident juveniles should be 1:8. Any judicial findings of inadequacy (a) None at the time of the development of the staffing plan (4) Any findings of inadequacy from federal investigative agencies (a) None at the time of the development of the staffing plan (5) Any findings of inadequacy from internal or external oversight bodies (6) (a) None at the time of the development of the staffing plan All components of the facility's physical design (including "blind spots" or areas where staff or residents may be isolated) (7) The composition of the resident population (8) The number and placement of supervisory staff (9) Institution programs occurring on a particular shift; (10) (11) All applicable local or state laws, regulations or standards The prevalence of substantiated or unsubstantiated incidents of sexual abuse (12) Any other relevant factors.

Interview with the superintendent: The superintendent confirmed that the plan is completed annually and is maintained by the PREA coordinator and the superintendent. The superintendent stated the plan is inclusive of all the standard provision requirements: generally accepted juvenile detention and correctional/ secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of facility's physical plant; the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable state or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. To ensure compliance, the management team meets and goes over the plan to ensure the facility meets all requirements. The facility exceeds the general practices. To ensure the facility in compliance, there are spot checks, surprise PREA checks, and monitoring of the logbooks for announcements and any issues. An issue would require an investigation by the PREA coordinator.

Interview with PREA coordinator: The facility considers all 11 of the requirements outlined in the standard.

Reasoning and analysis by provision: 115.313 (b)
PAQ: Each time the staffing plan is not complied with, the facility documents justify all deviations from the staffing plan.

Ocean County Department of Juvenile Services, Chapter 16.1: OCJDC shall comply with this staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

Interview with the superintendent: The superintendent confirmed there have been no deviations from the staffing plan.

Reasoning and analysis by provision: 115.313 (c)
PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios at a minimum of 1:8 during resident waking hours and 1:16

during resident sleeping hours.

- In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0
- In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours: 0

Ocean County Department of Juvenile Services, Chapter 16.1: Ocean County Department of Juvenile Services, Chapter 16.1: OCJDC shall develop, implement, and document a staffing plan that takes into consideration and provides for: (1) Generally accepted juvenile detention and correctional/secure residential (2) practices Position statement of the National Partnership for Juvenile Services suggesting that the optimal ratio of staff to resident juveniles should be 1:8.

Ocean County Juvenile Services Video Surveillance and Staffing Plan for 2025: The staffing ratios are documented as: first shift: 1:6, second shift: 1:6, and third shift: 1:12.

Observations made during onsite review: The standard states that there shall be a 1:8 staffing ratio during waking hours and 1:16 during sleeping hours by direct care staff. In formal and informal conversations with the superintendent and random staff, it was noted that the facility supersedes these ratios. There have been no deviations from the staffing ratios in the past 12 months.

Interview with the superintendent: The superintendent stated that PREA standard is 1:8 during waking hours and 1:16 during sleeping hours. The facility goes above that and maintains a ratio of 1:5. There are at least seven on each shift. There have been no deviations from the ratios or the staffing plan.

Reasoning and analysis by provision: 115.313 (d)
PAQ: At least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Ocean County Department of Juvenile Services, Chapter 16.1: Whenever necessary, but not less frequently than once each year, in consultation with the PREA coordinator, the OCJDC shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a), subparagraph (i) of this section (2) Prevailing staffing patterns (3) The facility's deployment of video monitoring systems and other monitoring technologies (4) The resources the OCJDC has available to commit to ensure adherence to the staffing plan. In the event that changes or upgrades to staffing plans or staffing patterns, an evaluation of how the change or upgrade will impact the ability of the staff to protect resident juveniles from sexual abuse will be included during the planning stages.

	Ocean County Juvenile Detention Center staffing plans for 2023, 2024 and 2025: The auditor reviewed the staffing plans. The plans are completed at least annually. Interview with the PREA coordinator: The plan is reviewed and updated annually. A management meeting is being held to develop the annual plan. **Reasoning and analysis by provision: 115.313 (e)** PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents the unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff to the conduct of such rounds. Ocean County Department of Juvenile Services, Chapter 16.1: OCJDC shall implement a policy and practice of having intermediate or higher, level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Specific procedures governing unannounced administrative rounds are found in Policy 6.4, Section III, E. Unannounced Rounds Tracking Forms: The auditor reviewed the unannounced rounds tracking forms for the 2025 calendar year. They showed that the PREA unannounced rounds were regularly occurring on all three shifts. Interview with intermediate higher-level facility staff: Unannounced rounds are conducted on every shift at least once per month. They are conducted during the staff off hours, and the staff member just shows up. No one is told they are coming, and they usually enter through the front door. The control room will see them but do not make an announcement. With the updated camera system, it is hard to sneak in without the control room knowing that someone is there. The rounds are documented on a written form. **Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.**

115.315	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 16.1, Prison Rape Elimination Act (PREA) (effective 04/2016) • Ocean County Department of Juvenile Services, Chapter 6.7, Searches of

Residents and the Facility (effective 12/1998, revised 04/2016)
- Staff training Sign-In Sheets
- Interviews with 14 Random Staff
- Interviews with Ten Random Residents
- Observations Made During Onsite Visit

Reasoning and analysis by provision: 115.315 (a)
PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past twelve (12) months:

- The number of cross-gender strip or cross-gender visual body cavity searches of residents. 0

Ocean County Department of Juvenile Services, Chapter 16.1: OCJDC shall conduct no cross-gender body cavity searches (meaning a search of the anal or genital opening) except when performed by medical practitioners. Specific procedures governing body cavity searches are found in Policy 6.7, Section III, C. 3. OCJDC shall conduct no cross-gender strip searches. Specific procedures governing cross-gender strip searches are found in Policy 6.7, Section III, C, 1, d.

Interviews with 14 random staff: All 14 random staff stated that they were restricted from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances and the searches would have to be approved by administration. None of the staff provided an example of an exigent circumstance other than an emergency or something extreme.

Reasoning and analysis by provision: 115.315 (b)
PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past twelve (12) months:

- The number of cross-gender strip or cross-gender pat-down searches of residents: 0
- The number of cross-gender pat-down searches that did not involve exigent circumstances: 0

Ocean County Department of Juvenile Services, Chapter 16.1: OCJDC shall conduct no cross-gender pat-down searches except in exigent circumstances. Specific procedures governing cross-gender pat-down searches are found in Policy 6.7, Section III, C, 2, b.

Ocean County Department of Juvenile Services, Chapter 6.7: An officer of the same gender, except in exigent circumstances, shall perform all b) c) pat searches. In the event that a cross-gender clothed person search must be performed, such a search must be documented and the following issues addressed: (1) Why could the search not be postponed (2) Why were no same-sex staff available (3) What steps were taken to bring in a same-sex staff (4) Why were these steps unsuccessful (5) Was

contraband found.

Interviews with ten random residents: All ten random residents interviewed stated no staff of the opposite gender have performed a pat-down search of their body or seen them fully naked.

Interviews with 14 random staff: All 14 random staff stated that they were restricted from conducting cross-gender pat-down searches except in exigent circumstances. None of the staff provided an example of an exigent circumstance other than an emergency.

Observations made during the onsite review: Only male staff performed searches of the residents. These were both pat-down searches and the use of a metal detection wand.

Reasoning and analysis by provision: 115.315 (c)
PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Ocean County Department of Juvenile Services, Chapter 16.1: OCJDC shall document and justify all cross-gender strip searches, cross-gender body cavity searches, and cross-gender pat-down searches; Policy 6.7, Section III, C, 2, b.

Ocean County Department of Juvenile Services, Chapter 6.7: An officer of the same gender, except in exigent circumstances, shall perform all b) c) pat searches. In the event that a cross-gender clothed person search must be performed, such a search must be documented and the following issues addressed: (1) Why could the search not be postponed (2) Why were no same-sex staff available (3) What steps were taken to bring in a same-sex staff (4) Why were these steps unsuccessful (5) Was contraband found.

Document Review: There was no documentation to be reviewed as the facility does not permit cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

Reasoning and analysis by provision: 115.315 (d)
PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/ area where residents are likely to be showering, performing bodily functions, or changing clothing.

Ocean County Department of Juvenile Services, Chapter 16.1: OCJDC shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite sex viewing

	their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing in incidental to routine cell checks. Such policies and procedures shall require staff of the opposite sex to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite sex shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. Interviews with ten random residents: Nine of the ten random residents stated that staff of the opposite gender announce their presence when entering the housing unit. All residents stated that they can dress, shower, and use the toilet without being viewed by staff of the opposite gender and that no member of the opposite gender had conducted a pat down search of them or seen them fully naked. Interviews with 14 random staff: Eleven of the 14 random staff interviewed stated that female staff members in the facility always announces their presence in any area where the males are located. All staff stated residents can dress, shower, and use the toilet without being viewed by staff of the opposite gender. One stated that that it had not been done in a while and that there were big windows so everyone could see who was coming in and out. One stated that they get memos about it and do it for a while, but it doesn't last and they have not done it in a while. Staff Training Records: All current staff have received cross-gender search training. Observations made during the onsite review: The residents can dress, shower and use the toilet without being viewed by staff of the opposite gender. Residents shower one at a time. Staff of the opposite gender were observed announcing their presence upon entering the areas where the residents were located. **Corrective Action:** Eleven of the 14 random staff interviewed stated that female staff members in the facility always announce their presence in any area where the males are located. One stated that opposite gender announcements had not been done in a while and that there were big windows so everyone could see who was coming in and out. One stated that they get memos about it and do it for a while, but it doesn't last and they have not done it in a while. The facility is required to re-educate and re-train the staff to address staff of the opposite gender announcing their presence when entering a resident housing unit/ area where residents are likely to be showering, performing bodily functions, or changing clothing. The facility will provide training documentation that this has been completed. The facility provided documentation that this training was completed on 01/22/2026. **Finding: Based on this analysis, corrective action was completed and the facility is substantially compliant with the provisions of this standard.**

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Ocean County Department of Juvenile Services, Chapter 16.1, Prison Rape Elimination Act (PREA (effective 04/2016)
- Ocean County Department of Juvenile Services, Chapter 4.3, Admission Process (effective 03/1995, revised 04/2016)
- CTS Language Link
- Interview with Agency Head Designee
- Interviews with Random Staff
- Observations Made During Onsite Review

Reasoning and analysis by provision: 115.316 (a)
PAQ: The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Ocean County Department of Juvenile Services, Chapter 16.1: OCJDC shall take appropriate steps to ensure that residents who have a limited proficiency in English have an equal opportunity to participate in or benefit from all aspects of the department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Ocean County Department of Juvenile Services, Chapter 4.3: OCJDC shall provide the above resident orientation to all residents, including those who are limited in their English proficiency, are deaf, visually impaired or are otherwise disabled, as well as to residents with limited reading skills.

Interview with agency head designee:

CTS Language Link: The auditor reviewed the information provided on how to access an interpreter.

During the on-site visit, there were no residents with disabilities or who were limited English proficient to be interviewed.

Reasoning and analysis by provision: 115.316 (b)
PAQ: The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Ocean County Department of Juvenile Services, Chapter 16.1: OCJDC shall take appropriate steps to ensure that residents who have a limited proficiency in English

	have an equal opportunity to participate in or benefit from all aspects of the department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Document Review: The PREA posters, handbook and resident education are available in both English and Spanish versions. **Reasoning and analysis by provision: 115.316 (c)** PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. • In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-responder duties under §115.364, or the investigation of the resident's allegations: 0 Interviews with random staff: All staff interviewed stated that the agency never allows the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Staff stated that bi-lingual staff or interpreters are used. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.317	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 2.1, Personnel Selection (effective 03/01/1995, revised 01/01/2010) • Review of staff new hire paperwork • Review of random staff background checks • Interview with Administrative (HR) staff

Reasoning and analysis by provision: 115.317 (a)
PAQ: Agency policy. prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Ocean County Department of Juvenile Services, Chapter 2.1: A background investigation shall be performed on all prospective employees. Evaluation of criminal records. A criminal record shall not bar employment automatically. It must be evaluated according to the seriousness of the offense, and its relation to and probable effect upon job performance. As a rule, no one adjudicated for child neglect/abuse shall be considered for employment.

Reasoning and analysis by provision: 115.317 (b)
PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.

Interview with administrative (HR) staff: The facility absolutely considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.

Reasoning and analysis by provision: 115.317 (c)
PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality on which the employee would work; and (c) consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background records checks: 10

Ocean County Department of Juvenile Services, Chapter 2.1: A background investigation shall be performed on all prospective employees. Evaluation of criminal records. A criminal record shall not bar employment automatically. It must be evaluated according to the seriousness of the offense, and its relation to and probable effect upon job performance. As a rule, no one adjudicated for child neglect/abuse shall be considered for employment.

Random review of personnel files of employees hired in the past 12 months: The

auditor reviewed the files of the new employees who were hired within the past 12 months. Background checks, sexual offender registry checks and child abuse and neglect registry checks were conducted on all of the employees.

Interview with administrative (HR) staff: Background checks are completed on everyone that is considered being hired by the agency gets a background check and a CARI (Child Abuse Record Information) check. The agency looks to make sure there are not open child abuse cases or history of child abuse. If the facility had volunteers or contractors, the same checks would be conducted before they were allowed to have contact with the residents. The agency asks all applicants, employees who make have contact with residents about previous misconduct described in section (a): if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; if they have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or have they been civilly or administratively adjudicated to have engaged in the activity. This is done through self-evaluations conducted as part of the hiring and promoting process. These checks include state criminal history, federal district court checks, child abuse registries and the PREA form.

Reasoning and analysis by provision: 115.317 (d)
PAQ: Agency policy requires that a criminal background check records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with the residents.

- In the past 12 months, the number of contracts for services where criminal background checks were conducted on all staff covered in the contract who might have contact with residents: 0

There were no contractors who started within the past 12 months which had background checks to review.

Interview with administrative (HR) staff: Background checks are completed on everyone to include employees, volunteers, and contractors before they come into the building.

Reasoning and analysis by provision: 115.317 (e)
PAQ: Agency policy requires that criminal background records background checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Interview with administrative (HR) staff: Background checks are completed every five years for employees and contractors. These are monitored by the HR staff.

This is not referenced in agency policy.

Reasoning and analysis by provision: 115.317 (f)

PAQ: The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Random review of staff background checks: The auditor reviewed human resource files for and documented that this form is being completed as part of the hiring process.

Interview with administrative (HR) staff: The agency asks all applicants, employees who make have contact with residents about previous misconduct such as if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; if they have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or have they been civilly or administratively adjudicated to have engaged in the activity. This is done through self-evaluations by completing the PREA form and conducted as part of the hiring and promoting process. The agency and facility impose upon employees a continuing affirmative duty to disclose any such misconduct.

Reasoning and analysis by provision: 115.317 (g)
PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

This is not referenced in agency policy.

Reasoning and analysis by provision: 115.317 (h)
PAQ: Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Interview with administrative (HR) staff: Confirmed that the agency Employee Relations Department would handle this request.

Corrective Action: The agency policies do not address the requirement that criminal background records background checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. The agency policies do not address that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. The agency will provide policies that address these provisions of the standard. The agency provded the current Human Resources policy that addresses all of these areas on 01/20/2026 and corrective action was completed.

Finding: Based on this analysis, corrective action has been completed and

	the facility is compliant with the provisions of the standard.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Interview with Agency Head Designee • Interview with Superintendent **Reasoning and analysis by provision: 115.318 (a)** PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The Ocean County Juvenile Detention Center had no renovations, modifications or expansions completed to the facility prior since the last audit. Interview with agency head designee: Interview with the superintendent: There have been no renovations, modifications or expansions since the last PREA audit. **Reasoning and analysis by provision: 115.318 (b)** PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. Interview with the superintendent: The facility is always considering video monitoring technology to enhance resident's protection from sexual abuse. Every area of the facility was just reviewed, and one blind spot was found. A camera has been requested for that area. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit questionnaire (PAQ) (Juvenile Facilities)
- Ocean County Juvenile Services, Chapter 6.17a, Abuse Investigation (effective 04/2016)
- Ocean County Prosecutor’s Office Letter
- MOU Between Ocean County Department of Juvenile Services and Saint Francis Counseling Services
- MOU Between Ocean County Department of Juvenile Services and Community Medical Center of Toms River
- Interview with PREA Compliance Manager
- Interview with Medical Staff
- Interviews with Random Staff
- Interview with SAFE/SANE Staff

Reasoning and analysis by provision: 115.321 (a)
PAQ: The agency is not responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Criminal investigations are conducted by the Ocean County Prosecutor’s Office.

Ocean County Juvenile Services, Chapter 6.17a: The Ocean County Juvenile Detention Center is required under the Prison Rape Elimination act of 2003 (PREA) to ensure that incidents or suspected incidents of sexual abuse, and sexual harassment are reported to the appropriate agency for proper and thorough investigation. A. INVESTIGATORS: 1) The Detention Center shall require the training of certain designated individuals as required in PREA Standard § 115.334. 2) Those trained individuals shall conduct any initial internal evaluation of sexual abuse and sexual harassment allegation to determine whether the allegation involves potential criminal behavior, or a possible failure of supervision. B. INVESTIGATIONS OF SEXUAL HARASSMENT ALLEGATIONS 1) Allegations of sexual harassment shall be investigated internally by Detention Center investigators 2) If the investigation indicates a staff member is involved in the sexual harassment allegation, and based on a preponderance of the evidence it is believed that the staff member committed the harassment, the matter shall be turned over to the Ocean County Employee Relations Department and/or the Ocean County Prosecutor's Office. C. INVESTIGATIONS OF SEXUAL ABUSE ALLEGATIONS 1) Any allegation of sexual abuse that potentially involves criminal behavior shall be turned over to the Ocean County Prosecutor's Office for investigation, especially in all cases that may have happened within a time frame that allows for the collection of physical evidence, or if the allegation involves a staff member. 2) Any allegation of sexual abuse that

potentially involves criminal behavior, or involves a possible failure of facility supervision, and involves participants under the age of 18 shall be referred to DCP&P's Institutional Abuse Investigations Unit.

Ocean County Prosecutor’s Office Letter: The Ocean County Prosecutors Office is the entity outside of the agency responsible for investigating allegations of sexual abuse, assault, and harassment at the Ocean County Juvenile Detention Center.

Interviews with random staff: All random staff stated they understand the protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They all stated that it was the responsibility of the prosecutor’s office or an outside source and that their responsibility was to preserve the scene and secure the area. This is done by taping off the area and making sure the evidence is not destroyed.

Reasoning and analysis by provision: 115.321 (c)

PAQ: The protocol was adapted from or otherwise based on the most recent edition of the DOJ’s Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011. If "No", indicate the source used to develop the protocol in the comments section.

All investigations are conducted by the Ocean County Prosecutor's Office Sexual Assault Response Team. The SART team consists of a Forensic Nurse Examiner ("FNE") – a Registered Nurse certified by the New Jersey Board of Nursing to provide comprehensive and compassionate health care to victims of sexual assault while ensuring that all potential evidence is collected in a timely and appropriate manner. Victims may seek the assistance of a Sexual Assault Response Team, or SART, which is available to any victim 13 years or older who reports an assault within five days. Each SART consists of a confidential sexual violence advocate, a forensic nurse examiner, and a law enforcement officer.

Reasoning and analysis by provision: 115.321 (c)
PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. When possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs.

- The number of forensic medical exams conducted during the past 12 months: 0
- The number of exams performed by SANEs/SAFEs during the past 12 months: 0
- The number of exams performed by a qualified medical practitioner during the past 12 months: 0

	Interview with medical staff: The facility does not conduct forensic examinations. The youth are taken to the local hospital where they will provide a qualified medical practitioner to conduct the exam. Interview with SANE/SAFE Nurse: Community Medical Center of Toms River is the hospital that the residents of Ocean County Juvenile Detention would be taken to for a medical and forensic exam. The hospital does not perform forensic exams or have a SANE/SAFE nurse on duty. The hospital would contact the Ocean County Prosecutor's Office utilizes its Sexual Assault Response Team. The SART team consists of a Forensic Nurse Examiner ("FNE") – a Registered Nurse certified by the New Jersey Board of Nursing to provide comprehensive and compassionate health care to victims of sexual assault while ensuring that all potential evidence is collected in a timely and appropriate manner. Victims may seek the assistance of a Sexual Assault Response Team, or SART, which is available to any victim 13 years or older who reports an assault within five days. Each SART consists of a confidential sexual violence advocate, a forensic nurse examiner, and a law enforcement officer. Victims may request SART services by calling 9-1-1 or presenting at a law enforcement agency, a healthcare facility, or a sexual violence service organization. **Reasoning and analysis by provision: 115.321 (d)** PAQ: The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. MOU Between Ocean County Department of Juvenile Services and Saint Francis Counseling Services: Scope of Activities, St. Francis Counseling Services agrees to provide the Department with emergency advocacy and support services to the victims of sexual assault and harassment as required by the Prison Rape Elimination Act of 2003 (P.L. 108-79) and it's implementing regulations(28 C.F.R Part 115(hereinafter the "Project"). Interview with PREA compliance manager: The facility provides a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This is done through Saint Francis Counseling Services. The PREA compliance manager maintains a memorandum of understanding with the facility. There were no residents who reported sexual abuse to be interviewed. **Reasoning and analysis by provision: 115.321 (e)** PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organizations staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

MOU Between Ocean County Department of Juvenile Services and Saint Francis Counseling Services: Scope of Activities, St. Francis Counseling Services agrees to provide the Department with emergency advocacy and support services to the victims of sexual assault and harassment as required by the Prison Rape Elimination Act of 2003 (P.L. 108-79) and it's implementing regulations(28 C.F.R Part 115(hereinafter the "Project").

Interview with PREA compliance manager: The facility provides a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This is done through Saint Francis Counseling Services.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.

115.322 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Ocean County Juvenile Services, Chapter 6.17a, Abuse Investigation (effective 04/2016)
- Ocean County Prosecutor’s Office Letter
- Interview with Superintendent
- Interview with Investigative Staff

Reasoning and analysis by provision: 115.322 (a)
PAQ: The agency ensures that an administrative or criminal Investigation is completed for all allegations of sexual abuse and sexual harassment.

- In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0
- In the past 12 months, the number of allegations resulting in an administrative investigation: 0
- In the past 12 months, the number of allegations referred for criminal investigation: 0

Ocean County Juvenile Services, Chapter 6.17a: The Ocean County Juvenile Detention Center is required under the Prison Rape Elimination act of 2003 (PREA)

to ensure that incidents or suspected incidents of sexual abuse, and sexual harassment are reported to the appropriate agency for proper and thorough investigation. A. INVESTIGATORS: 1) The Detention Center shall require the training of certain designated individuals as required in PREA Standard § 115.334. 2) Those trained individuals shall conduct any initial internal evaluation of sexual abuse and sexual harassment allegation to determine whether the allegation involves potential criminal behavior, or a possible failure of supervision. B. INVESTIGATIONS OF SEXUAL HARASSMENT ALLEGATIONS 1) Allegations of sexual harassment shall be investigated internally by Detention Center investigators 2) If the investigation indicates a staff member is involved in the sexual harassment allegation, and based on a preponderance of the evidence it is believed that the staff member committed the harassment, the matter shall be turned over to the Ocean County Employee Relations Department and/or the Ocean County Prosecutor's Office. C. INVESTIGATIONS OF SEXUAL ABUSE ALLEGATIONS 1) Any allegation of sexual abuse that potentially involves criminal behavior shall be turned over to the Ocean County Prosecutor's Office for investigation, especially in all cases that may have happened within a time frame that allows for the collection of physical evidence, or if the allegation involves a staff member. 2) Any allegation of sexual abuse that potentially involves criminal behavior, or involves a possible failure of facility supervision, and involves participants under the age of 18 shall be referred to DCP&P's Institutional Abuse Investigations Unit.

Interview with the superintendent: All investigations are referred are referred to the Ocean County Prosecutor’s Office for an investigation by the Sexual Assault Reponse Team.

Interview with investigative staff:

Reasoning and analysis by provision: 115.322 (b)
PAQ: The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the investigation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment is published on the agency's website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

Ocean County Juvenile Services, Chapter 6.17a: The Ocean County Juvenile Detention Center is required under the Prison Rape Elimination act of 2003 (PREA) to ensure that incidents or suspected incidents of sexual abuse, and sexual harassment are reported to the appropriate agency for proper and thorough investigation. The Detention Center shall require the training of certain designated individuals as required in PREA Standard § 115.334. 2) Those trained individuals shall conduct any initial internal evaluation of sexual abuse and sexual harassment allegation to determine whether the allegation involves potential criminal behavior, or a possible failure of supervision. Allegations of sexual harassment shall be investigated internally by Detention Center investigators. If the investigation

	indicates a staff member is involved in the sexual harassment allegation and based on a preponderance of the evidence it is believed that the staff member committed the harassment, the matter shall be turned over to the Ocean County Employee Relations Department and/or the Ocean County Prosecutor's Office. Any allegation of sexual abuse that potentially involves criminal behavior shall be turned over to the Ocean County Prosecutor's Office for investigation, especially in all cases that may have happened within a time frame that allows for the collection of physical evidence, or if the allegation involves a staff member. Any allegation of sexual abuse that potentially involves criminal behavior, or involves a possible failure of facility supervision, and involves participants under the age of 18 shall be referred to DCP&P's Institutional Abuse Investigations Unit. Per the PREA coordinator, all investigations are conducted by the Ocean County Prosecutor's office. There was no interview with the investigator. **Reasoning and analysis by provision: 115.322 (c)** PAQ: If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. Ocean County Prosecutor’s Office Letter: The Ocean County Prosecutors Office is the entity outside of the agency responsible for investigating allegations of sexual abuse, assault, and harassment at the Ocean County Juvenile Detention Center. The standards are provided in the letter and the prosecutor’s office is asked to follow them. **Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

115.331	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 3.1, Training and Training Criteria (effective 03/1995, revised 04/2016) • Staff Training Comprehension Forms • Interviews with Random Staff **Reasoning and analysis by provision: 115.331 (a)** PAQ: The agency trains all employees who may have contact with residents on the

	agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities. The agency trains all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents. The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents. The agency trains all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents. The agency trains all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The agency trains all employees who may have contact with residents on relevant laws regarding the applicable age of consent. Ocean County Department of Juvenile Service, Chapter 3.1: All staff members, regardless of position, will receive a minimum of 40 hours of orientation training. This training will minimally include: Explanation of the Prison Rape Elimination Act of 2003, including OCJDC’s zero tolerance policy regarding sexual abuse and sexual harassment; resident’s right to be free from sexual abuse and sexual harassment; employee responsibilities regarding reporting incidents of sexual abuse and sexual harassment of which they are informed or otherwise learn. Juvenile Detention Officers will be required to complete and pass, according to PTC regulations, an 80-hour agency training course. Passage of this course is required for admission to J.D.O. Basic Training, competition of which is required for certification. This course will minimally include identifying and explaining the Prison Rape Elimination Act of 2003. Staff training comprehension forms: The auditor reviewed the training records and signed training comprehension forms for staff interviewed during the onsite visit. Staff have received all phases of the PREA training. Web search: The New Jersey legal Age of Consent for sexual contact is 16 years old. Interviews with Random Staff: All random staff interviewed stated that they had been trained on the agency's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; resident’s right to be free from sexual abuse and sexual harassment; the right of

residents and employees to be free from retaliation for reporting sexual abuse and harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities and relevant laws regarding the applicable age of consent. All staff knew that the age of consent was 16 years old.

Reasoning and analysis by provision: 115.331 (b)
PAQ: Training is tailored to the unique needs and attributes of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

Employees who are reassigned from facilities housing the opposite gender are not given additional training because they have to completed the required training before being certified. The facility houses both males and females so there would not be a need for additional training.

The auditor reviewed the training curriculum and confirmed that it is tailored to the unique needs and attributes of the residents at the facility.

Reasoning and analysis by provision: 115.331 (c)
PAQ: Between training the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually.

Ocean County Department of Juvenile Service, Chapter 3.1: Biennial PREA related refresher training shall be provided to all staff to include the following topics: OCJDC’s zero tolerance policy regarding sexual abuse and sexual harassment. Employee responsibilities under PREA: prevention, detection, reporting, response; the resident’s right to be free from sexual abuse and sexual harassment; dynamics of sexual abuse in confinement; common reactions of juvenile victims of sexual abuse and sexual harassment; detecting and responding to signs threatened and actual sexual abuse; avoiding inappropriate relationships with residents; communicating effectively and professionally with residents; and how to comply with relevant laws related to reporting of sexual abuse to outside authorities. During the off year “PREA” related refresher training is not provided to an employee, OCJDC shall provide training on current sexual abuse policies and current sexual harassment policies.

Staff training comprehension forms: The auditor reviewed the training records and signed training comprehension forms for staff interviewed during the onsite visit. Staff have received all phases of the PREA training.

There are no current employees who have not received at least the initial training.

Interviews with random staff: All random staff stated that they have at least one annual PREA refresher and often more than that if needed.

Reasoning and analysis by provision: 115.331 (d)
PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Staff training comprehension forms: The auditor reviewed the training records and signed training comprehension forms for staff interviewed during the onsite visit. Staff have received all phases of the PREA training.

Findings: Based on the analysis, the facility is substantially compliant with the provisions for this standard.

115.332	Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Ocean County Department of Juvenile Services, Chapter 3.3, Training Schedules (effective 03/1995, revised 04/01/2002)
- PREA Volunteer Acknowledgement Form
- Interview with PREA Coordinator/Compliance Manager

Reasoning and analysis by provision: 115.332 (a)
PAQ: All volunteers and contractors who have contact with residents have been training on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response.

- The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response: 0

Interview with PREA coordinator/compliance manager: Ocean County Juvenile Detention Center does not currently have volunteers or contractors that provide services to the facility or residents.

PREA Volunteer Acknowledgement of PREA Training: The auditor reviewed the acknowledgement forms for a volunteer back in 2022 when the facility was using volunteers. The training was documented as being completed.

	There were no volunteers or contracts to be interviewed. The PREA compliance manager stated that at the present time the facility does not have volunteers or contractors providing services to the facility or residents. **Reasoning and analysis by provision: 115.332 (b)** PAQ: The level and type of training provided to the volunteers and contractors is based on the services they provide and level of contact they have with the residents. All volunteers and coordinators who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Ocean County Department of Juvenile Services, Chapter 3.3: Part-time and volunteer staff shall be required to participate in training, according to the number of hours each week on the job. Orientation for part-time and volunteer staff must be appropriate to their needs and based upon prior experience, frequency of juvenile contact, and program responsibility. PREA Volunteer Acknowledgement of PREA Training: I have received training on the topic of PREA and I understand: Ocean County Juvenile Services has a zero-tolerance policy for sexual abuse and sexual harassment; Residents and employees have a right to be free from sexual abuse and sexual harassment; How to fulfill my responsibilities under agency policies with respect to sexual abuse, sexual harassment prevention, detection, reporting and response; The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in juvenile facilities; The common reactions of juvenile victims of sexual abuse and sexual harassment; How to detect and respond to signs of threatened and actual sexual abuse between residents and how to respond to incidents of consensual sexual contact and sexual abuse between residents. How to avoid inappropriate relationships with residents; How to communicate effectively and professionally with residents; How to comply with relevant laws relating to mandatory reporting of sexual abuse to outside authorities; and Relevant laws regarding the applicable age of consent. There were no volunteers or contracts to be interviewed. The PREA compliance manager stated that at the present time the facility does not have volunteers or contractors providing services to the facility or residents. **Reasoning and analysis by provision: 115.332 (c)** PAQ: The agency maintains documentation confirming that the volunteers and contractors understand the training they have received. PREA Volunteer Acknowledgement of PREA Training: The auditor reviewed the acknowledgement forms for a volunteer back in 2022 when the facility was using volunteers. The training was documented as being completed. **Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 4.3, Admission Process (effective 03/1995, revised 04/2016) • Resident PREA Training Acknowledgement Forms • Resident Handbook • Interview with Intake Staff • Interviews with Random Residents • Observations Made During Onsite Visit **Reasoning and analysis by provision: 115.333 (a)** PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an appropriate age-fashion. • The number of residents admitted in the past 12 months who were given this information at intake: 78 Ocean County Department of Juvenile Services, Chapter 4.3: Upon completion of the Master Intake Log, the staff member performing the intake will review with the resident, the facility's: a) Zero tolerance policy on sexual abuse and sexual harassment b) The resident's right to be free from sexual abuse and sexual harassment c) The resident's rights to be free from any retaliation for reporting incidents of sexual abuse and sexual harassment d) How to report confidentially and if desired, anonymously, any incidents of sexual abuse or sexual harassment. The residents shall sign the proof of training form Observations made during the onsite visit: The auditor reviewed the PREA posters that were posted all throughout the facility. The posters provided basic information about PREA and the hotline number to report any allegation or suspicion. Interview with intake staff: All residents are educated on PREA during intake. The handbook is read to them twice and then a copy is given to them. It contains the PREA information. It is gone over during the intake process and social services also goes over it with them following the intake process. Interviews with random residents: All random residents interviewed confirmed that they received PREA education on the same day they arrived at the facility during the admission process. The residents stated that this information was provided

verbally, during intake and by the social service worker.

Reasoning and analysis by provision: 115.333 (b)
PAQ: Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

- The number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake: 78

Ocean County Department of Juvenile Services, Chapter 4.3: An admission and orientation process shall be conducted immediately following the juvenile's arrival at the facility.

Interview with intake staff: The agency and facility ensure that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents through information provided in the handbook and posters in the facility. There is a review of the handbook by the intake officer and again by the social service worker. This occurs as soon as the resident is admitted to the facility.

Interviews with random residents: All random residents interviewed stated that they were told they had a right to not be sexually abused or sexually harassed; they had a right to report sexual abuse or sexual harassment; and they had a right not to be punished for reporting sexual abuse or sexual harassment. All the residents stated that they received this information on the first day that they arrived at the facility.

Reasoning and analysis by provision: 115.333 (c)
PAQ: There are no residents who were not educated within 10 days of arriving at the facility. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

Interview with intake staff: All residents, new or transfers are educated on PREA when they are admitted to the facility. It is part of the orientation process. There is a review of the handbook by the intake officer and again by the social service worker. This occurs as soon as the resident is admitted to the facility.

Reasoning and analysis by provision: 115.333 (d)

	PAQ: Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually, impaired, or otherwise disabled, as well as to residents who have limited reading skills. Ocean County Department of Juvenile Services, Chapter 4.3: OCJDC shall provide the above resident orientation to all residents, including those who are limited in their English proficiency, are deaf, visually impaired or are otherwise disabled, as well as to residents with limited reading skills. Observations made during the site review: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, recreation room, common areas. and the school area. **Reasoning and analysis by provision: 115.333 (e)** PAQ: The agency maintains documentation of resident participation in PREA education sessions. Resident PREA training acknowledgement forms: The auditor reviewed the signed resident training acknowledgement forms for the current residents of the facility. The signed form documents that the residents have received the education and have understood the material they were given. **Reasoning and analysis by provision: 115.333 (f)** PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. Resident handbook – The resident handbook is available in English and Spanish. Observations made during the onsite review: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, recreation room, common areas. and the school area. **Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

115.334	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance:

	• Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Ocean County Juvenile Services, Chapter 6.17a, Abuse Investigation (effective 04/2016) • Interview with PREA Coordinator **Reasoning and analysis by provision: 115.334 (a)** PAQ - The agency does not conduct administrative or criminal sexual abuse investigations. Interview with PREA Coordinator: Initially the facility felt that the training offered on the NIC Training website for Investigators would suffice for this standard. The PC took that training and so did another employee. After a few years, the facility determined that this type of investigation requires much more specialized training than could be acquired by simply taking that course so our policy currently is to refer everything to trained law enforcement. **Reasoning and analysis by provision: 115.334 (b)** PAQ: Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency does not conduct any form of administrative or criminal sexual abuse investigations. **Reasoning and analysis by provision: 115.334 (c)** PAQ: The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Interview with PREA Coordinator: Initially the facility felt that the training offered on the NIC Training website for Investigators would suffice for this standard. The PC took that training and so did another employee. After a few years, the facility determined that this type of investigation requires much more specialized training than could be acquired by simply taking that course so our policy currently is to refer everything to trained law enforcement. **Finding: The agency does not conduct investigations. These are conducted by the Ocean County Prosecutor’s Office Sexual Assault Response Team.**

115.335	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

Evidence relied upon in making determination of compliance:

- Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Ocean County Department of Juvenile Services, Chapter 3.1, Training and Training Criteria (effective 03/1995, revised 04/2016)
- Medical Training Certificates
- Interview with Medical Staff

Reasoning and analysis by provision: 115.335 (a)

PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities

- The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 4
- The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%

Ocean County Department of Juvenile Services, Chapter 3.1: Ocean County Department of Juvenile Service, Chapter 3.1: All staff members, regardless of position, will receive a minimum of 40 hours of orientation training. This training will minimally include: Explanation of the Prison Rape Elimination Act of 2003, including OCJDC’s zero tolerance policy regarding sexual abuse and sexual harassment; resident’s right to be free from sexual abuse and sexual harassment; employee responsibilities regarding reporting incidents of sexual abuse and sexual harassment of which they are informed or otherwise learn.

Interview with medical staff: Medical staff confirmed that they had received specialized training regarding sexual abuse and sexual harassment. They stated that the training covered the topics of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and whom to report allegations of suspicions of sexual abuse and sexual harassment. The training was conducted by the Sexual Assault Response Team, as well as facility training and the specialized training provided by the NIC website.

Reasoning and analysis by provision: 115.335 (b)
PAQ: The agency medical staff at this facility does not conduct forensic medical exams.

Interview with medical staff: The medical staff stated they did not conduct forensic examinations. They stated these were conducted at the local hospital.

Reasoning and analysis by provision: 115.335 (c)
PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

Medical Training Certificates: The auditor reviewed the training certificates for the medical staff. The facility does not employ or have on-site mental health staff.

Reasoning and analysis by provision: 115.335 (d)
PAQ: Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under §115.332, depending upon the practitioner’s status at the agency.

Medical Training Certificates: The auditor reviewed the training certificates for the medical staff. The facility does not employ or have on-site mental health staff

Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.

115.341	Obtaining information from residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (Juvenile Facilities)
- Ocean County Department of Juvenile Services, Chapter 4.3, Admission Process (effective 03/1995, revised 04/2016)
- Interview with Staff That Performs Screening for Risk of Victimization and Abusiveness
- Interviews with Random Residents
- Interview with PREA Coordinator

Reasoning and analysis by provision: 115.341 (a)
PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The policy requires that the resident's risk level be reassessed periodically throughout their confinement.

- The number of residents entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was

for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 78

Ocean County Department of Juvenile Services, Chapter 4.3: Within 72 hours of admission, Social Services Staff shall interview the new resident, and utilize a standardized risk assessment instrument, determining if the individual has a history of, or the potential for sexual victimization or to be a sexual victimizer.

Interview with staff that perform screening for risk of victimization and abusiveness: Residents are screened during intake for risk of sexual abuse victimization or sexual abusiveness toward other residents. This is completed as soon as the custody intake is completed, right after the resident is admitted. Conversations and breaking the assessment down to the resident’s level is part of the process. Documentation such as court records, assessments (IEP) or anything else that accompanies the youth are reviewed and considered during the assessment. Residents’ risk levels are reassessed every 90 days.

Interviews with random residents: All the random residents stated they remember when they first came to the facility, being asked questions like whether they had ever been sexually abused, whether they had any disabilities, and whether they thought they might be in danger at the facility.

Reasoning and analysis by provision: 115.341 (b)

PAQ: Risk assessment is conducted using an objective screening instrument.

Sample of resident Vulnerability Assessment: The auditor reviewed a sample of the current residents’ Vulnerability Assessments. The instrument is an objective assessment.

Reasoning and analysis by provision: 115.341 (c)
PAQ: At a minimum, the agency attempts to ascertain information about: prior sexual victimization or abusiveness; any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the resident's own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additIonal safety precautions, or separation from certain other residents.

Ocean County Department of Juvenile Services, Chapter 4.3: Prior to accepting a juvenile for admission, the Shift Supervisor shall review the complaint for name, age, and charge. Court orders and bench warrants shall be reviewed for name and appropriate placement. Medical staff or a member of the mental health team shall immediately examine any resident showing signs of severe emotional disturbance

	after admission. Interview with staff that performs screening for risk of victimization and abusiveness: The assessment considers any past physical and/or victimization and abusiveness. The residents criminal history and charges are considered. **Reasoning and analysis by provision: 115.341 (d)** PAQ: This information is ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. Interview with staff that performs screening for risk of victimization and abusiveness: The information for the assessment is obtained through conversations and breaking the assessment down to the resident’s level is part of the process. Documentation such as court records, assessments (IEP) or anything else that accompanies the youth are reviewed and considered during the assessment. **Reasoning and analysis by provision: 115.341 (e)** PAQ: The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. Interview with the PREA coordinator: The agency has outlined that only the PREA coordinator, social worker and administration shall have access to the assessment. Interview with staff that performs screening for risk of victimization and abusiveness: Access to the assessment is limited to the supervisors, the director and social workers. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 4.3, Admission Process (effective 03/1995, revised 04/2016) • Interview with Superintendent

- Interview with Staff that Performs Screening for Risk of Victimization and Abusiveness
- Interview with Medical Staff

Reasoning and analysis by provision: 115.342 (a)
PAQ: The agency/facility uses information from the risk screening required to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

Ocean County Department of Juvenile Services, Chapter 4.3: Upon receiving notice that a resident scores either a potential sexual victim or victimizer, the Chief of Custody, along with the Supervisor of Social Services shall determine if that resident's housing assignment is appropriate. Residents identified with current or prior adjudication for sexual offenses, identified as sexual predators, or likely to be exploited or victimized by others, shall be assigned to a single room and monitored accordingly.

Interview with staff that perform screening for risk of victimization and abusiveness: The assessment provides guidance in making housing and placement decisions. It is also used to make staff aware of any issues with the residents.

Reasoning and analysis by provision: 115.342 (b)
PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

- The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months: 0
- The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0
- The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months: 0

Interview with the superintendent: The facility does not use isolation for youth who were alleged to have suffered sexual abuse.

Interview with medical staff: The facility does not use isolation.

Reasoning and analysis by provision: 115.342(h)
PAQ: From a review of case files of residents at risk of sexual victimization who were

	held in isolation in the past 12 months, the number of case files that include BOTH:(1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged, was 0. The facility does not use isolation. **Reasoning and analysis by provision: 115.342(i)** PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. Interview with the superintendent: The facility does not use isolation for youth who were alleged to have suffered sexual abuse. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.351	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Ocean County Juvenile Services, Chapter 16.3, Reporting, Responding and Treatment Relating to Sexual Assault or Abuse (effective 01/01/2015) • Residents Handbook • Interview with PREA Coordinator • Interviews with Random Staff • Interviews with Random Residents • Observations Made During Onsite Visit **Reasoning and analysis by provisIon:115.351 (a)** PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: • sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND staff neglect or violation of responsibilities that may have contributed to such incidents. Ocean County Juvenile Services, Chapter 16.3: There shall be in place multiple internal ways for residents to privately report sexual abuse and sexual harassment without the threat of retaliation. Residents may report threats/abuse/assault through the grievance process. Residents may also report verbally, directly to staff; residents may report via the hotline; and to friends and family members outside the

	facility who can contact the facility staff. Residents Handbook: In compliance with the Prison Rape Elimination Act of 2003, the Juvenile Detention Center has a zero-tolerance policy on all forms of sexual abuse from staff, other residents, and by outside persons (volunteers, interns, visitors, or other workers). Residents should have an expectation to be safe and free from assault and/or harassment. If any incident arises through the course of a residents stay at this facility, the resident should report to the nearest staff. If this is not possible or the residents feel they should tell someone else, they may do so. For example, it can be reported to the resident's social worker, the nurse, or a parent/ guardian. All reports will be taken seriously and the privacy of all people involved shall be respected. Residents should be aware of the importance of not destroying any evidence of the assault until staff or the authorities have had an opportunity to collect evidence. Anonymous Reporting: If a resident prefers, they may report an incident anonymously by requesting access to a phone and by dialing one of the following numbers to reach a hotline: 732-506-5323 Ocean County Sheriff's Department Monday-Friday 8:30AM-4:30PM; 732-929-2027 Ask for the Sex Crimes Duty Detective After hours, Weekends, and Holidays;877-652-2873 Institutional Abuse Investigations Unit; or 732-288-7759 Detention Center PREA Hotline. Interviews with random staff: All random staff stated that the residents could privately report sexual abuse or sexual harassment by calling the hotline or telling a staff. Interviews with random residents: All random residents stated that they could privately report sexual abuse or sexual harassment by calling the hotline or telling a staff, and by someone who does not work at the facility. Observations during the site review: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy, as well as multiple ways to report. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, school, recreation room, living units, and in all common areas. The auditor tested the ways to report by calling the hotline and the rape crisis center. **Reasoning and analysis by provision: 115.351 (b)** PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency does not detain residents solely for civil immigration purposes. Ocean County Juvenile Services, Chapter 16.3: A procedure to report abuse or harassment to a public or private entity not associated with the department shall be in place. Interview with PREA coordinator: Residents can call the hotline. If the hotline is called, there is an immediate transmission that a report was made. The Sexual Assault Response Team with the prosecutor's office will receive the report and conduct the investigations.

Interviews with random residents: All random residents interviewed stated that they could privately report sexual abuse or sexual harassment by calling the PREA hotline, telling a staff member, or telling someone who does not work at the facility, such as their parents.

Observations during the site review: The auditor observed PREA posters and signage were posted throughout the facility that provided the information how to make a report of sexual abuse or sexual harassment.

Reasoning and analysis by provisIon:115.351 (c)
PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Staff are required to document verbal reports.

Ocean County Juvenile Services, Chapter 16.3: There shall be in place multiple internal ways for residents to privately report sexual abuse and sexual harassment without the threat of retaliation. Residents may report threats/abuse/assault through the grievance process. Residents may also report verbally, directly to staff; residents may report via the hotline; and to friends and family members outside the facility who can contact the facility staff. Officers made aware of such a report shall immediately notify their supervisor, and a report shall then be forwarded to the appropriate entity.

Interviews with random staff: All random staff stated that a resident can make a verbal report of sexual abuse to any staff member or tell someone outside of the facility. The staff stated that once they have been made aware of such a report, they are required to immediately report it to their supervisor and document it.

Interviews with random residents: Six of the ten random residents interviewed were not sure if they could file a grievance to report sexual abuse or sexual harassment. Three of the ten residents did not feel they could make an anonymous report. They all stated they could call the hotline, tell a staff member or tell someone that does not work at the facility.

Reasoning and analysis by provision: 115.351 (d)
PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Interview with PREA coordinator: The facility provides a grievance process as a way to make a written report. The facility provides paper, pencils, and envelopes to complete a report.

There was no resident who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.351 (e)
PAQ: The agency has established procedures for staff to privately report sexual

	abuse and sexual harassment of residents. Interviews with random staff: Three of the 14 random staff stated they could not privately report sexual abuse or sexual harassment of the residents. Four of the 14 random staff stated they could call the hotline but would also have to inform their supervisor. **Corrective Action:** Seven of the 14 staff interviewed did not know for certain if a resident could file a sexual abuse or sexual harassment allegation by using the grievance process. They stated even if the grievance process was used, the residents would still need to make a call to the hotline. Three of the 14 random staff stated they could not privately report sexual abuse or sexual harassment of the residents. Four of the 14 random staff stated they could call the hotline but would also have to inform their supervisor. Six of the ten random residents interviewed were not sure if they could file a grievance to report sexual abuse or sexual harassment. Three of the ten residents did not feel they could make an anonymous report. The facility will retrain the staff and residents on the ways to report sexual abuse and sexual harassment and send documentation of proof that this has been completed to the auditor. The facility provided documentation on 01/22/2026 and 01/23/2026 that the staff had been re-trained on this standard and provision. Documentation that the residents have trained on being able to file a grievance to report a sexual abuse or sexual allegation allegation needs to be completed, as well as providing documentation that the residents are aware they can file a allegation anonymously. This documentation must be provided to the auditor for compliance with this standard. The facility provided documentation that the residents have been trained on 02/11/2026. Corrective action has been completed. **Finding: Based on this analysis, corrective action has been complete and the facility is substantially complaint with the provisions of this standard.**

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 9.4, Residents Rights (effective 12/1998, revised 04/2016) • Resident Handbook • Interview with Grievance Staff • Observations made During Onsite Visit

Reasoning and analysis by provision: 115.352 (a)
PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

Ocean County Department of Juvenile Services, Chapter 9.4: Upon admission, all residents shall be informed of their right to grieve any behavior or disciplinary action of staff or other residents. Grievances that have not been resolved informally shall be filed according to the procedures outlined. All grievances shall be handled expeditiously and without threats of or reprisals against the individual grievant

Resident Handbook: Grievance Procedures: Residents have the ability to request a written grievance from staff. The grievance form is used for residents to report unfair treatment by staff, conditions around the building, or suggestions for improvements. You CANNOT grieve Court decisions and policies, agencies outside the Detention Center, disciplinary decisions, Probation decisions, and Legislative actions that affect the Detention Center.

Interview with grievance staff: The grievance process is one of the ways that a resident can make a report of sexual abuse or sexual harassment. The process is explained when the resident comes into the facility. Forms are located on all the pods. The staff or social workers can provide assistance if needed. The completed form is placed in the grievance box. They are taken out by the social service staff and given to the resident’s social worker.

Observations made during onsite visit: The auditor observed the locked grievance box and the form that can be used to make a grievance.

Reasoning and analysis by provision: 115.352 (b)
PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Ocean County Department of Juvenile Services, Chapter 9.4: There shall be no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse, sexual harassment, physical abuse, or for retaliation for reporting or providing truthful information regarding any such incident. The resident submitting the grievance shall not be required to use any informal grieving process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse, sexual harassment, etc.

Interview with grievance staff: There is no time limit on when the resident may file a grievance for sexual abuse. Residents are not asked to informally resolve a grievance alleging sexual abuse or sexual harassment.

Reasoning and analysis by provisIon:115.352 (c)
PAQ: The agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject

of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Ocean County Department of Juvenile Services, Chapter 9.4: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the compliant.

Interview with grievance staff: Social service staff receive the grievance not the staff, therefore the resident can submit a grievance without submitting it to a staff member who might be the subject of the complaint.

Reasoning and analysis by provision: 115.352 (d)
PAQ: The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made

- In the past 12 months, the number of grievances that were filed that alleged sexual abuse: 0
- In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0
- In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

Ocean County Department of Juvenile Services, Chapter 9.4: OCJDC shall issue a final department decision on the merits of any portion of a grievance filed under this section within 90-days of the initial filing of the said grievance.

Interview with grievance staff: A grievance decision never goes past 90 days.

There were no residents who reported a sexual assault to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.352 (e)
PAQ: Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.

- The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0

Ocean County Department of Juvenile Services, Chapter 9.4: Third parties, including fellow residents, OJDJC staff members, family members, attorneys and outside advocates shall be permitted to assist residents in filing for administrative remedies relating to allegations of sexual abuse, sexual harassment, etc. and shall be permitted to file such grievances on behalf of the resident. In the event that a third party (other than a parent or legal guardian) files such a request on behalf of a resident, OCJDC may require as a condition of processing the request that the alleged victim agrees to have the request filed on his or her behalf, and may require the alleged victim to pursue any subsequent steps in the administrative process. If the resident declines to have the request processed on his or her behalf, OCJDC shall document the resident’s decision. A parent or guardian of a resident shall be allowed to file a grievance regarding allegations of sexual abuse, sexual harassment, etc., including appeals on behalf of such a resident. Such a grievance shall not be conditioned upon the resident agreeing to have the request filed on his or her behalf.

Interview with grievance staff: Anyone can submit a grievance on behalf of the resident if the resident agrees.

Reasoning and analysis by provision: 115.352 (f)
PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0
- The number of those grievances in 115.352(f)-3, that had an initial response within 48 hours: 0
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

Ocean County Department of Juvenile Services, Chapter 9.4: If a resident expresses an emergency need to be protected from any sexual or physical abuse, harassment, or retaliation, all OCJDC staff shall have the authority to respond and act immediately and put the safety of the resident ahead of other duties, assignments, or activities until initial protective measures are completed. Within 5 days the agency shall issue and documenta final determination as to whether OCJDC deems the resident to be in substantial risk of imminent abuse, and the action taken in

	response to the emergency grievance. Interview with grievance staff: Sexual abuse and sexual harassment are handled quietly and are reported to the hotline. **Reasoning and analysis by provision:115.352 (g)** PAQ: The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. • In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0 Ocean County Department of Juvenile Services, Chapter 9.4: No reprisals shall be taken against anyone using or participating in this process. Interview with grievance staff: The only bad grievance would be for lying. **Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard.**

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 11.2, Resident Telephone Access (effective 12/1998, revised 04/2016) • Resident Handbook • MOU Between OCJDC and St. Francis Counseling Services • Interview with Superintendent • Interview with PREA Coordinator • Interviews with Random Residents • Observations Made During Onsite Visit **Reasoning and analysis by provision: 115.353 (a)** PAQ: The facility provides residents with access to outside victim advocates for

emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

Ocean County Department of Juvenile Services, Chapter 11.2: Additionally, in compliance with the Prison Rape Elimination Act of 2003 (PREA), this facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, and otherwise making accessible telephone numbers, including toll free hotline numbers, where available, of state, local or national victim advocacy or rape crisis organizations.

Interviews with random residents: Three of the ten random residents interviewed stated they were not aware that outside emotional services were available. The other seven residents interviewed confirmed that they were aware of the outside services that were available. They could not provide the actual name, but they knew where to find the information and stated that they thought the information was posted on the walls.

There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit.

Observations made during onsite visit: There was signage throughout the facility that provided information on outside support services.

Reasoning and analysis by provision: 115.353 (b)
PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

Ocean County Department of Juvenile Services, Chapter 11.2: PREA Related Telephone Use – All residents are informed of how they are to request PREA related phone calls. PREA-related telephone calls shall not be monitored or recorded. PREA related phone calls shall be allowed to the following agencies: Rape Crisis Agencies, such as St. Francis Rape Crisis Hotline, NJCASA NJ Coalition Against Sexual Assault Hotline, RAINN, Rape, Abuse, and Incest National Network Hotline, Sheriff’s Department, Ocean County Prosecutor’s Office, IAIU Institutional Abuse Hotline, and the Ocean County Juvenile Detention Hotline. The above-listed agencies and phone numbers are posted near resident accessible telephones and throughout the facility.

Interview with random residents: Nine of the ten random residents interviewed stated they did not know for sure if the calls to these agencies would be private, or if they could make a call to one of them. Seven of the ten residents interviewed

stated the agency would have to report any abuse. Three of the ten stated they did not know or were not sure.

Reasoning and analysis by provision: 115.353 (c)
PAQ: The agency or facility maintains memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

MOU Between Ocean County Department of Juvenile Services and Saint Francis Counseling Services: Scope of Activities, St. Francis Counseling Services agrees to provide the Department with emergency advocacy and support services to the victims of sexual assault and harassment as required by the Prison Rape Elimination Act of 2003 (P.L. 108-79) and it's implementing regulations(28 C.F.R Part 115(hereinafter the "Project").

Reasoning and analysis by provision: 115.353 (d)
PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

Ocean County Department of Juvenile Services, Chapter 11.2: To maintain family and community ties, and contact with attorneys, case workers, and other professionals, each resident shall have equal and adequate access to a telephone. A resident shall have the right to make one phone call a week during the designated time. Residents, in accordance with the Behavior Program may make additional calls, providing they do not interfere with legitimate programming. Middler status residents are permitted to make two phone calls per week on the designated days and time scheduled. Honor status residents are permitted to make one phone call daily during the week and two phone calls daily during the weekend. Residents shall be permitted to have telephone contact with professionals such as attorneys, probation officers, and case workers as needed and as determined and arranged by the Social Worker.

Resident Handbook: Telephone Calls - Classification Level: Residents are allowed two (2) phone call per week on Tuesdays and Fridays. Middler Level: Residents are allowed three (3) phone calls per week on Tuesday, Friday and Sunday evenings. Honors Level: Residents are able to make phone calls every night. Visiting hours are scheduled for weekend days (Saturday and Sunday). One weekday evening (Wednesday) is scheduled for Special Visits for residents on Honors Level. Middler Level residents may receive a Special Visit after thirty (30) days subject to approval by Social Services. Visiting hours are determined according to a residents housing units and room assignments. Only parents or guardians are allowed to visit. Any exceptions for visitation must be requested by the resident in writing submitted to Social Services for approval. Professionals such as lawyers, Social Workers, DCPP Workers, Probation Officers, Clergy, etc. may visit daily from 0900 to 1600 and are not counted as a visit.

Interview with the superintendent: Attorneys and legal representatives can call or visit anytime. Appointments are set by the social worker. The residents can speak to

	their parents anytime. The call is facilitated by the social workers. Visitation occurs weekly. Interview with the PREA coordinator: Attorneys and legal representatives can call or visit anytime. Calls with parents are guardians daily and are based on the residents' level as to the number per week. The facility offices weekly visitation. Interviews with random residents: The random residents stated that they have access to their attorneys and parents, legal guardians, or other family members. Some stated that their parents or guardians visited when they could, but may live too far away. Corrective Action: Three of the ten random residents interviewed stated they were not aware that outside emotional services were available. The other seven residents interviewed confirmed that they were aware of the outside services that were available. They could not provide the actual name, but they knew where to find the information and stated that they thought the information was posted on the walls. Nine of the ten random residents interviewed stated they did not know for sure if the calls to these agencies would be private, or if they could make a call to one of them. Seven of the ten residents interviewed stated the agency would have to report any abuse. Three of the ten stated they did not know or were not sure. The agency will re-educate the residents on the availability of outside emotional support services. Documentation that the residents have been made aware that outside emotional services are available will be provided to the auditor for compliance with this standard. The facility provided documentation of a form that the residents will be receiving to ensure they are made aware of outside emotional support services. This was provided to the auditor on 02/09/2026. Corrective action has been completed. **Finding: Based on this analysis, corrective action has been completed and the facility is substantially complaint with the provisions of this standard.**

115.354	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 6.17a, Abuse Investigation (effective 04/2016) • Observations Made During Onsite Visit

	Reasoning and analysis by provision: 115.354 (a) PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. Ocean County Department of Juvenile Services, Chapter 6.17a: Third Party Reporting of Abuse: Third parties, including but not limited to, fellow residents, staff members, family members, attorneys, outside advocates, and others, shall be permitted to assist residents in filing reports, allegations, grievances, and requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of the residents. Third party reports from sources other than parents: If a third party other than the parent, or legal guardian, files such a request on behalf of the resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf. If a resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. Third party reports from a parent or legal guardian: If a parent or guardian files such a request or appeal of behalf of a resident, facility staff shall handle that request with or without the resident agreeing to have the request filed on his or her behalf. This facility provides multiple telephone numbers and mailing addresses on its website for any person to make a third-party report regarding knowledge or suspicion that they may have concerning incidents of sexual assault, sexual abuse, sexual harassment involving residents of this facility. Observations during on site visit: The auditor reviewed the signage posted throughout the facility and documented that it contained information and phone numbers on third party reporting. **Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

115.361	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 6.17a, Abuse Investigation (effective 04/2016) • Interview with Superintendent • Interview with PREA Coordinator

- Interviews with Random Staff
- Interviews with Medical Staff

Reasoning and analysis by provision: 115.361 (a)
PAQ: The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Ocean County Department of Juvenile Services, Chapter 6.17a: All staff members are required to report any knowledge, suspicion or information they receive regarding the following: any incident of sexual abuse that occurred in any facility, any act of retaliation against residents or staff who reported such an incident, and Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Under the provision of N>J>S>A> 9:6-8.10, any person having knowledge to believe that a juvenile under the age of 18 has been subjected to child abuse or acts of child abuse, including but not limited to sexual abuse, shall report the same to DCP&P by telephone or otherwise. All employees are required to report immediately sexual abuse of residents to the superintendent, assistant superintendent, PREA coordinator, or their supervisor. Employees may choose to report directly to the Ocean County Prosecutor’s Office and or the DCP&P Institutional Abuse Investigations Unit.

Interviews with random staff: All random staff interviewed stated that the agency requires all staff to report any knowledge, suspicion, or information regarding and incident of sexual abuse or sexual harassment. They stated all incidents are reported directly to their supervisor.

Reasoning and analysis by provision: 115.361 (b)
PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

Interview with random staff: All random staff interviewed stated that they had received training on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Reasoning and analysis by provision: 115.361 (c)
PAQ: Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

	Ocean County Department of Juvenile Services, Chapter 6.17a: Such report shall be treated in a confidential manner. Apart from reporting to designates supervisors or officials and designated State or local service agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in department policy, to make treatment, investigation, and security and management decisions. Failure to maintain confidentiality may result in disciplinary action. Interviews with random staff: All random staff interviewed stated that the agency requires them to report and that is done by reporting to their supervisor. **Reasoning and analysis by provision: 115.361 (d)** PAQ: Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. Ocean County Department of Juvenile Services, Chapter 6.17a: Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials, pursuant to this policy, as well as to the State or local service agency where required by mandatory reporting laws. Such practitioners shall be required to inform residents at the initiation of services their duty to report and the limitations of confidentiality. Interviews with medical staff: Medical staff that were interviewed stated that they are required to disclose the limitations of confidentiality and their duty to report at the initiation of services to a resident. They both stated they are required to report any knowledge, suspicion, or information regarding and incident of sexual abuse or sexual harassment to a designated supervisor or official upon learning of it. **Reasoning and analysis by provision: 115.361 (e)** PAQ: Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation. Ocean County Department of Juvenile Services, Chapter 6.17a: Upon receiving any allegation of sexual abuse, the superintendent, assistant superintendent, or their designee, in addition to reporting as required in this policy, shall promptly report the allegation to the alleged victim’s parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of DCP&P, the report shall be

	made to the alleged victim’s caseworker instead of the parents or legal guardians. If the juvenile court retains jurisdiction over the alleged victim, the superintendent, or their designee shall also report the allegation to the resident’s attorney or other legal representation within 14 days of receiving the allegation. All reports or allegations that are received regarding sexual abuse or sexual harassment shall be documented regardless of outcome. Interview with the superintendent: Notifications would be made immediately to anyone that is permitted to know this information. This includes the parents, caseworkers, and attorneys. Interview with PREA coordinator: The parents, caseworkers and attorneys are notified within 14 days. **Reasoning and analysis by provision: 115.361 (f)** PAQ: The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. Interview with the superintendent: There are no facility investigators. All allegations of sexual abuse and sexual harassment are reported directly Ocean County Prosecutor’s Office **Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

115.362	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 6.17a, Abuse Investigation (effective 04/2016) • Interviews with Random Staff • Interview with Superintendent **Reasoning and analysis by provision: 115.362 (a)** PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

- In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 0

Ocean County Department of Juvenile Services, Chapter 6.17a: At any time, should facility staff become aware that a resident is subject to a substantial risk of imminent sexual abuse, or sexual harassment or for cooperating with investigations. shall take immediate action to protect that resident. Such may include, but is not limited to: sight and sound separation of victim and abuser at all times, housing unit changes for victims or abusers, removal of alleged staff or resident abusers from contact with the victim, providing emotional support services for residents or staff that fear retaliation for reporting sexual abuse.

Interview with the superintendent: The staff would immediately separate the residents from the potential situation. The Ocean County Prosecutor’s Office would be contacted.

Interviews with random staff: All random staff stated they would immediately separate the resident from the potential threat, notify supervisor, and keep the resident under close supervision.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance:

- Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Ocean County Department of Juvenile Services, Chapter 6.17a, Abuse Investigation (effective 04/2016)
- Interview with Superintendent

Reasoning and analysis by provision: 115.363 (a)
PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.

- In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0

Ocean County Department of Juvenile Services, Chapter 6.17a: If an allegation of sexual abuse is made at any point during a resident's stay in this facility, and the abuse is stated to have occurred while confined in any other facility, the following steps shall be taken: Superintendent notifies the head of the facility where the alleged abuse occurred; Superintendent or their designee notifies the DCP&P Institutional Investigations Unit, the Prosecutor's Office for that county, and the victim's family; Such notifications shall be made as soon as possible, but no later than 72 hours after receiving the allegation. Facility staff shall document all pertinent information, which includes but is not limited to, date and time of calls, names of persons spoken to at the facility where the alleged abuse occurred, and the investigative agencies contacted.

Reasoning and analysis by provision: 115.363 (b)
PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Ocean County Department of Juvenile Services, Chapter 6.17a: Superintendent notifies the head of the facility where the alleged abuse occurred; Superintendent or their designee notifies the DCP&P Institutional Investigations Unit, the Prosecutor's Office for that county, and the victim's family; Such notifications shall be made as soon as possible, but no later than 72 hours after receiving the allegation.

Reasoning and analysis by provision: 115.363 (c)
PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Ocean County Department of Juvenile Services, Chapter 6.17a: Facility staff shall document all pertinent information, which includes but is not limited to, date and time of calls, names of persons spoken to at the facility where the alleged abuse occurred, and the investigative agencies contacted.

Reasoning and analysis by provision: 115.363 (d)
PAQ: The agency or facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.

- In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

Ocean County Department of Juvenile Services, Chapter 6.17a: Superintendent notifies the head of the facility where the alleged abuse occurred; Superintendent or their designee notifies the DCP&P Institutional Investigations Unit, the Prosecutor's Office for that county, and the victim's family.

Interview with the superintendent: If the facility received an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in

	the facility, it would be the same process as if the incident occurred at this facility. There have been none of these reported during the audit period. **Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

115.364	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 7.5, PREA Incident First Responder Duties (effective 04/11/2016) • Interview with Security First Responder • Interview with Non-Security First Responder • Interviews with Random Staff **Reasoning and analysis by provision: 115.364 (a)** PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. • In the past 12 months, the number of allegations that a resident was sexually abused: 0 • Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0

- In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0

Ocean County Department of Juvenile Services, Chapter 7.5: Upon learning that a resident was sexually assaulted or sexually abused, the first staff member to respond to the report shall be required to: a) Radio for immediate additional manpower to facilitate all subsequent steps; b) Separate the alleged victim(s) and alleged actor(s) immediately, taking all necessary steps to protect the alleged victim. Direct the alleged victim(s) and the alleged actor(s) to sit or stand in separate areas of the room. Stand between them without touching either. (1) The alleged victim should not be left alone until law enforcement or emergency responders arrive and take charge of the scene. (2) The alleged actor shall not be left alone until law enforcement officers arrive and take charge of the scene; c)if the incident occurred in a pod area, order any other residents into their rooms; d) Immediately upon arrival of additional staff, have the alleged actor(s) removed to a secure area, out of site of the alleged victim; e) Preserve and protect any crime scene where possible until other staff arrive, but safety of the victim is first priority; f) If the assault or act of abuse occurred with a time (72 hours) that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and g) If the assault or act of abuse occurred with a time (72 hours) that still allows for the collection of physical evidence, ensure that the alleged actor not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Interviews with random staff: Thirteen of the 14 random staff interviewed could describe the first responder plan. The staff interviewed stated they separate the

	youth and call for staff assistance, preserve the scene and ask or request that the alleged victim does not shower, change clothes or use the bathroom, eat or drink; and ensure that the alleged perpetrator does not shower, change clothes, use the bathroom, eat or drink. They all stated that notifications are made to their supervisor. Interview with security first responder: Cal for back-up and make sure the alleged victim and alleged perpetrator are separated, and that the scene is preserved. This is done by taping off the area and making sure nothing is touched. Ask or request that the victim does not shower, change clothes or use the bathroom, eat or drink; and ensure that the alleged perpetrator does not shower, change clothes, use the bathroom, eat or drink. Contact their supervisor. **Reasoning and analysis by provision: 115.364 (b)** PAQ: Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any action that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. • Of the allegation that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0 • Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0 • Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0 Ocean County Department of Juvenile Services, Chapter 7.5: If the staff first responder is not a security staff member, the responder shall request the alleged victim not take any action that could destroy physical evidence and then notify security staff immediately. Interview with non-security first responder: Separate the victim and alleged perpetrator. Don't let anyone touch anything. Make sure the evidence is preserved. Ask the alleged victim not to take any actions that could destroy physical evidence, such as taking a shower or changing clothes. Call for security staff to assist and they follow the first responder plan. **Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

115.365	**Coordinated response**
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence relied upon to make determination of compliance:

- Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Ocean County Department of Juvenile Services, Chapter 7.5, PREA Incident First Responder Duties (effective 04/11/2016)
- Interview with Superintendent

Reasoning and analysis by provision: 115.365 (a)
PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Ocean County Department of Juvenile Services, Chapter 7.5: OCJDC shall respond to an incident of sexual abuse or sexual assault using the following steps: a) The staff first responder shall immediately follow procedures to separate the alleged victim from the alleged abuser as specified in Policy 7.5; b) The staff first responder shall stay with the alleged victim or allow the alleged victim to choose another staff member to stay with him or her. (1) The alleged victim should not be left alone at any time until responding law enforcement/emergency responders arrive and take charge of the scene. (2) The alleged abuser(s) shall not be left alone any time until responding law enforcement arrives and takes charge of the scene. C) Staff follow-on responders shall: (1) Take control of the area where the incident occurred to preserve any physical evidence until control of the area is turned over to outside investigators. (2) Stay with the alleged actor(s) to ensure that he or she does not take any actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. (3) Facility staff are not to attempt to collect any clothing or other physical evidence unless directed to do so by a representative of the Prosecutor’s Office, the S.D.O./O.I.C., or facility administrator; d) Control room shall commence coordination of department medical services immediately. (1) Facility medical staff shall immediately execute procedures defined in OCJDC Policy 13.21 (Sexual Assaults), Section III; e) Immediately after contacting medical staff, control room personnel will notify: (1) Facility Superintendent (2) Facility Assistant Superintendent (3) S.D.O/O.I.C. if that individual is not already involved in response activities; f) Immediately after completing above listed chain-of-command notifications, control room shall: (1) Confirm that facility medical staff has contacted the Ocean County Prosecutor’s Office S.A.R.T. If not: (a) Contact the Ocean County Prosecutor’s Office S.A.R.T. line (2) Contact DCP&P Institutional Abuse Investigations Unit (3) Contact St. Francis Counseling Services and inform them that there has been a sexual assault in the facility, and that the Ocean County Prosecutor’s Office has been notified (4) Contact facility PREA Coordinator; g) In the incident involved staff on resident abuse, the S.D.O./O.I.C. shall take whatever steps necessary to prohibit the alleged abuser from having contact with any residents.

	Interview with the superintendent: The facility has coordinated respond plan. It is outlined in policy and is called a combined action response. The superintendent, supervisors, PREA coordinator, law enforcement, the prosecutor’s office, medical, and St. Francis Counseling Services are all contacted. **Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.**

115.366	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 16.1, Prison Rape Elimination Act (effective 04/2016) • Collective Negotiations Agreement with the Office and Professional Employees International Union. Local 32 (effective April 1, 2023 through March 31, 2027) • Interview with Agency Head Designee **Reasoning and analysis by provision: 115.366 (a)** PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Ocean County Department of Juvenile Services, Chapter 16.1: Neither the OCJDC nor any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Collective Negotiations Agreement with the Office and Professional Employees International Union: The Board hereby retains and reserves unto itself, without limitations, all powers, rights, authority, duties and responsibilities conferred and vested in it prior to the signing of this Agreement by the laws and Constitutions of the State of New Jersey and of the United States; including, but without limiting the

	generality of the foregoing, the following rights: To reprimand, suspend, discharge or otherwise discipline employees; to hire, promote, transfer, assign, reassign, layoff and recall employees to work; To maintain the efficiency of employees; to establish, expand, reduce, alter, combine, consolidate or abolish any job or job classification, department or operation of service. Interview with agency head designee: **Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

115.367	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 16.1, Prison Rape Elimination Act (effective 04/2016) • Interview with Superintendent • Interview with PREA Coordinator **Reasoning and analysis by provision: 115.367 (a)** PAQ: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. Ocean County Department of Juvenile Services, Chapter 16.1: All residents and staff who report sexual abuse or sexual harassment, or who cooperates with sexual abuse or sexual harassment investigations shall be protected from retaliation by other residents or staff. (1) The PREA Coordinator shall monitor juveniles and their treatment to ensure that they are protected from retaliation for a period of at least 90 days. The coordinator shall monitor and be aware of any disciplinary measures taken against the juvenile, any housing, placement, or program changes, any involvement with altercations, arguments, or problems with other juveniles or staff members, and shall include periodic interviews with the juvenile. (2) The superintendent shall monitor staff members and their treatment to ensure they are protected from retaliation for a period of at least 90 days. The superintendent shall conduct interviews with the staff members, and shall monitor staff reassignments, negative performance evaluations, schedule changes or any other reports or notes

that supervision may have regarding the staff member.

Reasoning and analysis by provision: 115.367 (b)
PAQ: The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Ocean County Department of Juvenile Services, Chapter 16.1: OCJDC shall employ multiple protection measures, including, but not limited to: (1) housing changes or transfers for resident victims or abusers (2) removal of alleged staff or resident abusers from contact with victims (3) emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Interview with the superintendent: Zero retaliation is the policy of the facility. Everyone must observe professional boundaries. The superintendent monitors retaliation of staff members and the PREA coordinator monitors retaliation of the residents. Retaliation monitoring is for a period of up to 90 days and can be longer if needed.

Interview with PREA coordinator. The PREA coordinator monitors retaliation of the residents. This retaliation monitoring is for a period of up to at least 90 days. During the monitoring for retaliation, the coordinator looks for anything out of the ordinary, such as excessive disciplinary measures, interaction with the other residents, and/or a change in behavior. The PREA coordinator initiates contact with the residents and does periodic check-ins with them.

There were no residents who reported sexual abuse at the facility to be interviewed.

Reasoning and analysis by provision: 115.367 (c)
PAQ: The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

- The length of time that the agency/facility monitors the conduct or treatment: 90 days
- The number of times an incident of retaliation occurred in the past 12 months: 0

Ocean County Department of Juvenile Services, Chapter 16.1: All residents and staff who report sexual abuse or sexual harassment, or who cooperates with sexual abuse or sexual harassment investigations shall be protected from retaliation by other residents or staff. (1) The PREA Coordinator shall monitor juveniles and their

	treatment to ensure that they are protected from retaliation for a period of at least 90 days. The coordinator shall monitor and be aware of any disciplinary measures taken against the juvenile, any housing, placement, or program changes, any involvement with altercations, arguments, or problems with other juveniles or staff members, and shall include periodic interviews with the juvenile. Interview with the superintendent: Any retaliation would be reported for an investigation, especially if it involved staff. If residents were involved, the facility would look at ways to handle it internally. Disciplinary sanctions would be looked at and considered up to transferring the residents to another facility. Interview with PREA coordinator: The coordinator looks for anything out of the ordinary, such as excessive disciplinary measures, interaction with the other residents, and/or a change in behavior. The PREA coordinator initiates contact with the residents and does periodic check-ins with them. Retaliation monitoring would continue for as long as it takes. **Reasoning and analysis by provision: 115.367 (d)** PAQ: In the case of residents, such monitoring shall also include periodic status checks. Interview with PREA coordinator: The PREA coordinator initiates contact with the residents and does periodic check-ins with them. Retaliation monitoring would continue for as long as it takes. **Reasoning and analysis by provision: 115.367 (e)** PAQ: If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Ocean County Department of Juvenile Services, Chapter 16.1: If any other individual who cooperates with an investigation expresses a fear of retaliation, the OCJDC shall act appropriately to protect that individual against retaliation. OCJDC's obligation to monitor shall terminate if the allegation is determined to be unfounded or if the juvenile being monitored is released. Interview with the superintendent: Any retaliation would be reported for an investigation, especially if it involved staff. If residents were involved, the facility would look at ways to handle it internally. Disciplinary sanctions would be looked at and considered up to transferring the residents to another facility. **Findings: Based on the analysis, the facility is substantially compliant with provisions for this standard.**

115.368	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Evidence relied upon making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Interview with Superintendent • Interviews with Medical Staff **Reasoning and analysis by provision: 115.368 (a)** PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each resident a review every 30 days to determine whether there is a continuing need for separation from the general population. • The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0 • The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0 • The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months: 0 Interview with fthe superintendent: The facility does not use isolation for sexual abuse victims. Interview with medical staff: The facility does not use isolation for sexual abuse victims. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.371	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Ocean County Department of Juvenile Services, Chapter 16.1, Prison Rape Elimination Act (effective 04/2016)
- Ocean County Department of Juvenile Services, Chapter 6.17, Abuse Investigation (effective 04/2016)
- Ocean County Department of Juvenile Services, Chapter 16.2, Data Collection and Review (effective 04/2016)
- PREA Ocean County Prosecutor's Office Letter (effective 10/27/2022)
- Interview with Superintendent
- Interview with PREA Coordinator

Reasoning and analysis by provision: 115.371 (a)
PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.

Ocean County Department of Juvenile Services, Chapter 16.1: All allegations of sexual contact, sexual abuse, or sexual harassment, or the observation of such acts must be evaluated by facility staff prior to being brought to the attention of the proper investigative agency. Administrative investigations shall be conducted by the DCP&P Institutional Abuse Investigations Unit.

Ocean County Department of Juvenile Services, Chapter 6.17: Allegations of sexual harassment shall be investigated internally by Detention Center investigators. Any allegations of sexual abuse that potentially involves criminal behavior shall be turned over to the Ocean County Prosecutor's Office for investigation, especially in all cases that may have happened within a time frame that allows for the collection of physical evidence, or the allegation involves a staff member.

PREA Ocean County Prosecutor's Office Letter: The Ocean County Prosecutors Office is the entity outside of the agency responsible for investigating allegations of sexual abuse, assault, and harassment at the Ocean County Juvenile Detention Center. An advisory update from the U.S. Department of Justice, regarding determinations of compliance related to the above referenced standards, state that the Ocean County Juvenile Detention Center must formally request that the outside entity (Ocean County Prosecutors Office) comply with these standards and document their efforts. Please accept this letter as the Ocean County Juvenile Detention Center's request that the Ocean County Prosecutors Office comply with all PREA standards as it conducts investigations at the Ocean County Juvenile Detention Center.

Per the PREA coordinator all investigations are completed by the Ocean County Prosecutor's Office. Therefore, there were no investigators available to be interviewed.

Reasoning and analysis by provision: 115.371 (b)

PAQ: Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

Ocean County Department of Juvenile Services, Chapter 16.1: It is anticipated that those policies and procedures will govern the following items: Specialized training in sexual abuse investigations involving juvenile victims.

Per the PREA coordinator all investigations are completed by the Ocean County Prosecutor’s Office. Therefore, there were no investigators available to be interviewed.

Reasoning and analysis by provision: 115.371 (c)

PAQ: Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Ocean County Department of Juvenile Services, Chapter 16.1: It is anticipated that those policies and procedures will govern the following items: Gathering and preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any valuable electronic monitoring data. Interviewing alleged victims, suspected perpetrators, and witnesses. Review of prior complaints and reports of sexual abuse involving the suspected perpetrator.

Per the PREA coordinator all investigations are completed by the Ocean County Prosecutor’s Office. Therefore, there were no investigators available to be interviewed.

Reasoning and analysis by provision: 115.371 (d)

PAQ: The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

Ocean County Department of Juvenile Services, Chapter 16.1: Termination of investigation: OCJDC shall not seek or request the investigating agency to terminate an investigation solely because the source of the allegation recants the allegation.

Per the PREA coordinator all investigations are completed by the Ocean County Prosecutor’s Office. Therefore, there were no investigators available to be interviewed.

Reasoning and analysis by provision: 115.371 (e)

PAQ: When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal

prosecution.

Ocean County Department of Juvenile Services, Chapter 16.1: OCJDC shall cooperate fully in an investigation and shall participate in any investigative process when requested to do so by the main investigative agency. This cooperation shall include but not be limited to conducting compelled interviews as directed by the Ocean County Prosecutor's Office or Ocean County Employee Relations Department as long as the compelled interviews will not be an obstacle for subsequent criminal prosecution when the quality of the evidence appears to support criminal prosecution.

Per the PREA coordinator all investigations are completed by the Ocean County Prosecutor's Office. Therefore, there were no investigators available to be interviewed.

Reasoning and analysis by provision: 115.371 (f)

PAQ: The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Ocean County Department of Juvenile Services, Chapter 16.1: Assessing the credibility of an alleged victim, suspect, or witness on an individual basis, and not simply by the person's status as an in-custody juvenile or staff. The prohibition of requiring a juvenile who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Per the PREA coordinator all investigations are completed by the Ocean County Prosecutor's Office. Therefore, there were no investigators available to be interviewed.

There was no resident who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.371 (g)

PAQ: Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Ocean County Department of Juvenile Services, Chapter 16.1: OCJDC shall cooperate fully with administrative investigations. Such administrative investigations shall include, but not be limited to the following items: (1) An effort to determine whether staff actions or failures to act contributed to the abuse; (2) Written descriptions of the physical and testimonial evidence; (3) Documentation of

	the reasoning behind credibility assessments; and (4) Investigative facts and findings. Per the PREA coordinator all investigations are completed by the Ocean County Prosecutor's Office. Therefore, there were no investigators available to be interviewed. **Reasoning and analysis by provision: 115.371 (h)** PAQ: Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Ocean County Department of Juvenile Services, Chapter 16.1: Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Per the PREA coordinator all investigations are completed by the Ocean County Prosecutor's Office. Therefore, there were no investigators available to be interviewed. **Reasoning and analysis by provision: 115.371 (i)** PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0 Ocean County Department of Juvenile Services, Chapter 16.1: Substantiated allegations of conduct that appear to be criminal shall be referred to the Ocean County Prosecutor's Office for prosecution. Per the PREA coordinator all investigations are completed by the Ocean County Prosecutor's Office. Therefore, there were no investigators available to be interviewed **Reasoning and analysis by provision: 115.371 (j)** PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or alleged sexual harassment for as long as the alleged abuser us incarcerated or employed by the agency, plus five years. Ocean County Department of Juvenile Services, Chapter 6.17: All reports or allegations that are received regarding sexual abuse or sexual harassment shall be documented, regardless of outcome. Ocean County Department of Juvenile Services, Chapter 16.2: The data shall be collected, reviewed and maintained on an ongoing basis as needed from all available incident-based documents, including reports, investigation files, and

	sexual abuse incident reviews. The data collected pursuant to this section shall be securely maintained and retained for at least 10 years after the date of its initial collection. There were no reports to review, due to the facility not having allegations of sexual abuse or sexual harassment in the past 12 months. **Reasoning and analysis by provision: 115.371 (k)** PAQ: The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Ocean County Department of Juvenile Services, Chapter 16.1: The departure of the alleged abuser or victim from the employment or control of OCJDC shall not provide a basis for terminating an investigation. **Reasoning and analysis by provision: 115.371 (m)** PAQ: When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Ocean County Department of Juvenile Services, Chapter 16.1: To the extent allowed by the investigating agency, OCJDC shall endeavor to remain informed of the progress and outcome of the investigation. Interview with the superintendent: The investigators keep the facility informed of the progress of the case. Interview with agency PREA coordinator: The agency investigating the case provides progress updates to the facility. Per the PREA coordinator all investigations are completed by the Ocean County Prosecutor’s Office. Therefore, there were no investigators available to be interviewed **Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

115.372	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA (PAQ) Pre-Audit Questionnaire (Juvenile Facilities)

- Ocean County Department of Juvenile Services, Chapter 16.1, Prison Rape Elimination Act (effective 04/2016)

Reasoning and analysis by provision: 115.372 (a)
PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

Ocean County Department of Juvenile Services, Chapter 16.1: For administrative investigations, the OCJDC and/or the Ocean County Prosecutor's Office shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Per the PREA coordinator all investigations are completed by the Ocean County Prosecutor's Office. Therefore, there were no investigators available to be interviewed

Findings: Based on this analysis, the facility is substantially compliant with the provision of this standard.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making determination of compliance:

- Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit questionnaire (PAQ) (Juvenile Facilities)
- Ocean County Department of Juvenile Services, Chapter 16.1, Prison Rape Elimination Act (effective 04/2016)
- Interview with Superintendent

Reasoning and analysis by provision: 115.373 (a)
PAQ: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

- The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0
- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing,

of the results of the investigation: 0

Ocean County Department of Juvenile Services, Chapter 16.1: Following an investigation into a resident's allegation of sexual abuse suffered in OCJDC, facility staff shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Interview with the superintendent: If the facility had an investigation for sexual abuse or sexual harassment that was investigated, notification of the outcome of the allegation would occur when the investigation was completed.

Per the PREA coordinator all investigations are completed by the Ocean County Prosecutor's Office. Therefore, there were no investigators available to be interviewed.

Reasoning and analysis by provision: 115.373 (b)
PAQ: The agency requests the relevant information from the outside investigative entity in order to inform the resident of the outcome of the investigation.

- The number if investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0

Ocean County Department of Juvenile Services, Chapter 16.1: OCJDC shall request the relevant information from the investigative agency in order to inform the residents.

Reasoning and analysis by provision: 115.373 (c)
PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

- There has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in an agency/ facility in the past 12 months

Ocean County Department of Juvenile Services, Chapter 16.1: Following a resident's allegation that a staff member has committed sexual abuse against the resident, OCJDC shall subsequently inform the resident (unless it has been determined that

	the allegation is unfounded or the resident has been released) whenever: (1) The staff member is no longer employed at OCJDC; (2) OCJDC learns that the staff member has been indicated on a charge related to sexual abuse within the facility; (3) OCJDC learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There were no residents who reported sexual abuse available to be interviewed during the onsite portion of the audit. **Reasoning and analysis by provision: 115.373 (d)** PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Ocean County Department of Juvenile Services, Chapter 16.1: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, OCJDC shall subsequently inform the alleged victim (unless it has been determined that the allegation is unfounded or the juvenile has been released) whenever: (1) OCJDC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; (2) OCJDC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. There were no residents who reported sexual abuse available to be interviewed during the onsite portion of the audit. **Reasoning and analysis by provision: 115.373 (e)** PAQ: The agency has a policy that all notifications to residents described under this standard are documented. • In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0 • Of those notifications made in the past 12 months, the number that was documented: 0 Ocean County Department of Juvenile Services, Chapter 16.1: All such notifications or attempted notifications shall be documented. **Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

115.376	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 16.1, Prison Rape Elimination Act (effective 04/2016) • Ocean County Department of Juvenile Services, Chapter 2.3, General Conduct and Responsibilities (effective 03/01/1995, revised 01/05/2009) **Reasoning and analysis by provision: 115.376 (a)** PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Ocean County Department of Juvenile Services, Chapter 2.3: Any OCJDC staff member who is found to have committed an act of sexual abuse including, but not limited to those outlined in Chapter 16.1, Section III, B (Definitions) of OCJDC's Policies and Procedures Manual shall be terminated. Any OCJDC staff member who is found to have committed an act of sexual harassment of residents, other staff members, visitors, or contractors, shall be subject to disciplinary sanctions, which shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and any sanctions that have been imposed for comparable offenses by other staff with similar histories. **Reasoning and analysis by provision: 115.376 (b)** PAQ: Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. • In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0 • In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0 Ocean County Department of Juvenile Services, Chapter 2.3: Any OCJDC staff member who is found to have committed an act of sexual abuse including, but not limited to those outlined in Chapter 16.1, Section III, B (Definitions) of OCJDC's Policies and Procedures Manual shall be terminated. **Reasoning and analysis by provision: 115.376 (c)** PAQ: The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

- In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0

Ocean County Department of Juvenile Services, Chapter 2.3: Any OCJDC staff member who is found to have committed an act of sexual abuse including, but not limited to those outlined in Chapter 16.1, Section III, B (Definitions) of OCJDC's Policies and Procedures Manual shall be terminated. Any OCJDC staff member who is found to have committed an act of sexual harassment of residents, other staff members, visitors, or contractors, shall be subject to disciplinary sanctions, which shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and any sanctions that have been imposed for comparable offenses by other staff with similar histories.

Reasoning and analysis by provision: 115.376 (d)
PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

- In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

Ocean County Department of Juvenile Services, Chapter 2.3: All terminations for violations of the OCJDC sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are required to be, and shall be reported, along with the reason and supporting documentation to the State of New Jersey Department of Children and Families.

Findings: Based on this analysis, the facility is substantially compliant with the provisions of this standard.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)

- Ocean County Department of Juvenile Services, Chapter 16.1, Prison Rape Elimination Act (effective 04/2016)
- Interview with Superintendent

Reasoning and analysis by provision: 115.377 (a)
PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.

- In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0

Ocean County Department of Juvenile Services, Chapter 16.1: Any contractor or volunteer who engages in sexual abuse shall be prohibited from having access to OCJDC and shall be reported to law enforcement agencies for possible criminal prosecution, and to relevant licensing bodies/

Reasoning and analysis by provision: 115.377 (b)
PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Ocean County Department of Juvenile Services, Chapter 16.1: OCJDC shall take appropriate remedial measures, if any exist, and shall consider whether to prohibit further contact with juveniles, in the case of any other violation of department sexual abuse or sexual harassment policies by a contractor or volunteer.

Interview with the superintendent: In the case of any violation of agency sexual abuse or sexual harassment by a contractor or volunteer, remedial measures would be taken. They would not be allowed back in the facility and would not be allowed to have any contact with the residents.

Findings: Based on this analysis, the facility substantially is substantially complaint with the provisions of this standard.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance:

- Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Ocean County Department of Juvenile Services, Chapter 16.1, Prison Rape Elimination Act (effective 04/2016)
- Ocean County Juvenile Detention Center Resident Handbook
- Interview with Superintendent
- Interview with Medical Staff

Reasoning and analysis by provision: 115.378 (a)
PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

- In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0
- In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

Ocean County Department of Juvenile Services, Chapter 16.1: If during the course of an investigation it is reported by the investigators or prosecutors that there is a preponderance of evidence to substantiate an administrative finding that a resident engaged in resident-on-resident sexual abuse, the offending resident shall be subject to disciplinary sanctions pursuant to the formal disciplinary process outlined in OCJDC Policy 10.2, section II.

OCJDC Resident Handbook: Discipline is necessary, not only to maintain control and security, but also to provide a safe, sound, and civilized environment. Cruel and humiliating punishment is NOT allowed. All privileges are based upon a positive behavior system. Cooperative behavior from residents throughout the day will earn residents the necessary points to receive all available privileges. All serious offenses will result in the residents losing four (4) points on the day of the offense and referral to the Behavior Review Board. Residents may continue to gain or lose points during the day that they have early bed. It is thus possible for a resident to earn ten (10) points on an early bed day. All points lost on the day of early bed will be recorded in the resident’s Behavior Record. The Behavior Review Board shall consist minimally of one (1) Social Services staff member and the Chief of Custody or another representative from Administration. The Board shall review all serious rule infractions by residents, all referred rule infractions, and the resulting disciplinary measures.

Reasoning and analysis by provision: 115.378 (b)
PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction

for resident-on-resident sexual abuse results in the isolation of a resident, residents insolation receives daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0

Ocean County Department of Juvenile Services, Chapter 16.1 In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, OCJDC shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services, unless the resident has demonstrated his/her behavior clearly jeopardizes the safety and security of staff or other residents. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall have access to other programs and work opportunities to the extent possible.

Interview with the superintendent: The facility would follow the disciplinary procedures that are outlined in the policies and procedures and the resident handbook. The facility does not use isolation.

Reasoning and analysis by provision: 115.378 (c)
PAQ: The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Ocean County Department of Juvenile Services, Chapter 16.1: Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, sanctions imposed for comparable offenses by other residents with similar histories and shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior.

Interview with the superintendent: The facility does not have onsite mental heath services. A social service staff member would be consulted. The mental health of the resident would be considered in the disciplinary process.

Reasoning and analysis by provision: 115.378 (d)
PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct

	the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions. Ocean County Department of Juvenile Services, Chapter 16.1: To the extent possible, OCJDC shall consider whether to offer the offending resident participation in interventions such as therapy, counseling, or other programs, designed to address and correct underlying reasons or motivations for the abuse, but only to the extent available. (1) OCJDC may require participation in such interventions, if available, as a condition of access to any rewards-based behavior management system such as the Level System, but not as a condition to general programming or education. Interview with medical staff: Social Service staff are available to offer services as within their scope. This could include some counseling. All services at the facility are offered to all residents. There are no rewards-based systems in place for medical or mental health services. **Reasoning and analysis by provision: 115.378 (e)** PAQ: The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Ocean County Department of Juvenile Services, Chapter 16.1: Any resident may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. **Reasoning and analysis by provision: 115.378 (f)** PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. Ocean County Department of Juvenile Services, Chapter 16.1: A report of sexual abuse may in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, and may not be the grounds for disciplinary action, even if an investigation does not establish evidence sufficient to substantiate the allegation. **Reasoning and analysis by provision: 115.378 (g)** PAQ: The agency prohibits all sexual activity between residents. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Ocean County Department of Juvenile Services, Chapter 16.1: OCJDC tolerates no form of sexual abuse, or sexual harassment within the facility. Juveniles held in the OCJDC either are under the chronological age of 18, or due to their juvenile court

	status, are considered by the courts to be under the age of 18. Therefore, all sexual activity between juveniles is prohibited and will be cause for disciplinary action and shall be referred for prosecution. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.381	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Services. Chapter 13.11, Special Health Care (effective 03/1995, revised 04/2016) • Ocean County Department of Juvenile Services, Chapter 4.3, Admission Process (effective 03/1995, revised 04/2016) • Interview with Medical Staff • Interview with Staff That Performs Risk Screening • Observations Made During Onsite Visit **Reasoning and analysis by provision: 115.381 (a)** PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting is offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. • In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100% Ocean County Department of Juvenile Services. Chapter 13.1: A juvenile who has been found to be the victim of sexual abuse/assault, prior to or during admission to OCJDC shall be offered access to medical and/or mental health care. A treatment plan that includes specialist care and follow up services will be maintained and referrals made as needed. Ocean County Department of Juvenile Services, Chapter 4.3: Should Social Service Staff identify a resident who scores on the risk assessment instrument as either a

potential victim or victimizer, that staff member will take the following steps: Notify medical department verbally; and Notify the OCJDC contract Licensed Clinical Social Worker.

Interview with staff that perform risk screening: A report and referral to medical or mental health is made as soon as possible if the resident discloses prior sexual victimization.

Reasoning and analysis by provision: 115.381 (b)
PAQ: All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The follow-up meeting is offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

- In the past 12 months, the percentage of residents who previously perpetuated sexual abuse, as indicated during screening, were offered a follow up meeting with a mental health practitioner: 100%

Ocean County Department of Juvenile Services, Chapter 4.3: Should Social Service Staff identify a resident who scores on the risk assessment instrument as either a potential victim or victimizer, that staff member will take the following steps: Notify medical department verbally; and Notify the OCJDC contract Licensed Clinical Social Worker.

Interview with staff that perform risk screening: A report and referral to medical or mental health is made as soon as possible if the resident discloses or court documentation states that they have previously perpetrated sexual abuse.
Reasoning and analysis by provision: 115.381 (c)
PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

Ocean County Department of Juvenile Services, Chapter 4.3: If a resident discloses during the initial medical screening, or the follow up victimization screening that they have in the past been a victim of sexual abuse, or been charged with any sexual offenses, this information is considered to be highly confidential, and is to be shared only with other staff on a strict need to know basis.

Observations made during the onsite review: All confidential records are securely locked or stored electronically.

Reasoning and analysis by provision: 115.381 (d)
PAQ: Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Interviews with medical staff: The guidelines for obtaining informed consent depend on the age of the resident. If the resident is under the age of 18, informed consent would not be requested. If over the age of 18, informed consent would have to be

	received. The facility does not have mental health staff onsite. **Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Services, chapter 13.11, Special health Care (effective 03/1995, revised 04/2016) • Interview with Medical Staff • Interviews with Security and Non-Security First Responders **Reasoning and analysis by provision: 115.382 (a)** PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Interview with medical staff: Residents victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention. If these services are needed, they are immediately accessible. The facility does not have onsite mental health staff. There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit. **Reasoning and analysis by provision: 115.382 (b)** PAQ; If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the

	appropriate medical and mental health practitioners. Interviews with security and non-security responders. The victim and alleged perpetrator are separated. The scene is preserved and the shift supervisor is contacted. Notifications are made and they include notifying medical. **Reasoning and analysis by provision: 115.382 (c)** PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Interview with medical staff: Victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. The information is through the Sexual Assault Response Team and the SANE Nurse. There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit. **Reasoning and analysis by provision: 115.382 (d)** PAQ: Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interview with PREA Coordinator: **Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Service, Chapter 13.11, Special Health Care (effective 03/1995, revised 04/2016) Interview with Medical Staff **Reasoning and analysis by provision: 115.383 (a)** PAQ: The facility offers medical and mental health evaluation and, as appropriate,

treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Ocean County Department of Juvenile Service, Chapter 13.11: Arrange for follow-up counseling as per SART recommendation. Facilitate ongoing, follow up, or consultation services for victims as needed. Psychological counseling/mental health evaluation within 60 days of incident.

Reasoning and analysis by provision: 115.383 (b)
PAQ: The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Ocean County Department of Juvenile Service, Chapter 13.11: Arrange for follow-up counseling as per SART recommendation. Facilitate ongoing, follow up, or consultation services for victims as needed. Psychological counseling/mental health evaluation within 60 days of incident. Communicate with the medical/nursing departments of any prospective transfer facilities/programs regarding the continued plan of care, inclusive of health provider referrals.

The facility does not have onsite mental health staff.

There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.383 (c)
PAQ: The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Interview with medical staff: Medical stated services are consistent with community level of care.

Reasoning and analysis by provision: 115.383 (d)
PAQ: Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Ocean County Department of Juvenile Service, Chapter 13.11: Arrange for follow-up counseling as per SART recommendation. Facilitate ongoing, follow up, or consultation services for victims as needed. Psychological counseling/mental health evaluation within 60 days of incident. Referral to OB/GYN care (pregnancy testing and emergency contraception). Communicate with the medical/nursing departments of any prospective transfer facilities/programs regarding the continued plan of care, inclusive of health provider referrals.

Interview with medical staff: if pregnancy results from sexual abuse while incarcerated, victims are given timely information and access to all lawful pregnancy-related services. This happens as soon as the medical staff is made aware.

Reasoning and analysis by provision: 115.383 (e)
PAQ: If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Ocean County Department of Juvenile Service, Chapter 13.11: Arrange for follow-up counseling as per SART recommendation. Facilitate ongoing, follow up, or consultation services for victims as needed. Psychological counseling/mental health evaluation within 60 days of incident. Referral to OB/GYN care (pregnancy testing and emergency contraception). Communicate with the medical/nursing departments of any prospective transfer facilities/programs regarding the continued plan of care, inclusive of health provider referrals.

Interview with medical staff: if pregnancy results from sexual abuse while incarcerated, victims are given timely information and access to all lawful pregnancy-related services. This happens as soon as the medical staff is made aware.

Reasoning and analysis by provision: 115.383 (f)
PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Ocean County Department of Juvenile Service, Chapter 13.11: Arrange for follow-up counseling as per SART recommendation. Facilitate ongoing, follow up, or consultation services for victims as needed. Psychological counseling/mental health evaluation within 60 days of incident. Referral to STD clinic at the Ocean County Health Department. Communicate with the medical/nursing departments of any prospective transfer facilities/programs regarding the continued plan of care, inclusive of health provider referrals.

There were no residents who reported sexual abuse to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.383 (g)

PAQ: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interview with PREA coordinator:

Reasoning and analysis by provision: 115.383 (h)
PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Ocean County Department of Juvenile Service, Chapter 13.11: Arrange for follow-up counseling as per SART recommendation. Facilitate ongoing, follow up, or consultation services for victims as needed. Psychological counseling/mental health

	evaluation within 60 days of incident. The facility does not have onsite mental health staff. **Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.**

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 16.2, Data Collection and Review (effective 04/2016) • Interview with Superintendent • Interview with PREA Coordinator • Interview with Sexual Abuse Incident Review Team Member **Reasoning and analysis by provision:115.386 (a)** PAQ: The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. • In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0 Ocean County Department of Juvenile Services, Chapter 16.2: Within 30 days of the conclusion of any sexual abuse investigation, a sexual abuse incident review shall be completed by an ad hoc sexual abuse review team, unless the allegation was found to be unfounded. **Reasoning and analysis by provisIon:115.386 (b)** PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. • In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only

"unfounded" incidents: 0

Ocean County Department of Juvenile Services, Chapter 16.2: Within 30 days of the conclusion of any sexual abuse investigation, a sexual abuse incident review shall be completed by an ad hoc sexual abuse review team, unless the allegation was found to be unfounded.

Reasoning and analysis by provision: 115.386 (c)
PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Ocean County Department of Juvenile Services, Chapter 16.2: The review team shall consist of the superintendent, training coordinator, and PREA coordinator. Input and/or participation may also be solicited from supervisors, investigators, medical and mental health practitioners, and members of the standing PREA committee.

Interview with the superintendent: The facility has a sexual abuse review team. It is a multi-disciplinary team made up of upper management, facility manager, administrative staff, medical and mental health, supervisors, and can include direct care staff. The team reviews all reports and documentation to make recommendations for any changes or improvements.

Reasoning and analysis by provision: 115.386 (d)
PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made and any recommendations for improvement, and submits such report to the facility head and PREA compliance manager.

Ocean County Department of Juvenile Services, Chapter 16.2: The review team shall prepare a report of its findings, with any recommendations for improvements.

Interview with the superintendent: The team reviews all reports and documentation to make recommendations for any changes or improvements. The team considers whether the incident or allegation was motivated by race; ethnicity; perceived status; gang affiliation; and/or other group dynamics at the facility. The team examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. They assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Interview with PREA coordinator: The team reviews all reports and documentation to make recommendations for any changes or improvements. When the report is prepared, it notes any trends.

Interview with sexual abuse incident review team member: The team would consider whether the incident or allegation was motivated by race; ethnicity; perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examines the area in the facility where the incident

	allegedly occurred to assess whether physical barriers in the area may enable abuse; assesses the adequacy of staffing levels in that area during different shifts; and assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. **Reasoning and analysis by provision:115.386 (e)** PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so. Ocean County Department of Juvenile Services, Chapter 16.2: The review team's recommendations shall be considered for implementation to improve the effectiveness of the OCJDC to protect residents. If the facility does not implement the recommendations for improvement, the facility shall document its reasons for not doing so. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.387	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 16.2, Data Collection and Review (effective 04/2016) 2023 and 2024 PREA Survey **Reasoning and analysis by provision: 115.387 (a)** PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Ocean County Department of Juvenile Services, Chapter 16.2: OCJDC shall collect accurate, uniform data for every allegation of sexual abuse. **Reasoning and analysis by provision: 115.387 (b) and (c)** PAQ: The agency aggregates the incident-based sexual abuse data at least annually. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

	Ocean County Department of Juvenile Services, Chapter 16.2: The instrument used to collect such data shall be based on the standardized instrument known as the Survey of Sexual Violence (SSV). 2023 and 2024 PREA Survey: The auditor reviewed the 2024 and 2025 PREA surveys for the facility. They are based on the annual Survey of Sexual Violence for the Ocean County Juvenile Detention Center. **Reasoning and analysis by provision: 115.387 (d)** PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Ocean County Department of Juvenile Services, Chapter 16.2: The data shall be collected, reviewed and maintained on an ongoing basis as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. **Reasoning and analysis by provision: 115.387 (e)** PAQ: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content. The facility does not contract for the confinement of its residents. **Reasoning and analysis by provision: 115.387 (f)** PAQ: The agency did not provide the Department of Justice (DOJ) with data from the previous calendar year upon request. It was not requested by the DOJ. **Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.**

115.388	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Ocean County Department of Juvenile Services, Chapter 16.2, Data Collection and Review (effective 04/2016) • Annual Data Review Meetings – 2024 and 2025 • Interview with Agency Head Designee • Interview with PREA Coordinator

Reasoning and analysis by provision: 115.388 (a)
PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Ocean County Department of Juvenile Services, Chapter 16.2: OCJDC reviews data collected and aggregated pursuant to this section in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for the facility

Interview with agency head designee: The facility reviews the data to identify any needed changes or improvements. The facility will develop a corrective action plan, if necessary, to prevent these incidents from happening in the future.

Interview with agency PREA coordinator: The agency reviews data collected and aggregated to improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. This is done through the Ombudsman's Office. They collect the data, maintain spreadsheets, receive any monthly grievance reports, and do corrective action as needed. The agency prepares an annual report of its findings and data review from any corrective actions for each facility, and the agency.

Reasoning and analysis by provision: 115.388 (b)
PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

Ocean County Department of Juvenile Services, Chapter 16.2: Such report shall include a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

Reasoning and analysis by provision: 115.388 (c)
PAQ: The agency makes its annual report readily available to the public at least annually or through other means.

Ocean County Department of Juvenile Services, Chapter 16.2: The OCJDC’s report shall be approved by the superintendent and made readily available to the public through its website.

Annual Data Review Meetings – 2024 and 2025 – The auditor reviewed the Annual Data Review Meeting Minutes and Reports and confirmed that they are completed

annually. They are located on the facility's website.

Reasoning and analysis by provision: 115.388 (d)
PAQ: When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

Ocean County Department of Juvenile Services, Chapter 16.2: Before making aggregated sexual abuse data publicly available, OCJDC shall remove all personal identifiers and any specific materials from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Interview with the PREA coordinator: Personal information is redacted. The facility posts PREA Annual Survey Reports on the facility's website.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.

115.389	Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
  Ocean County Department of Juvenile Services, Chapter 16.2, Data Collection and Review (effective 04/2016)
- Interview with PREA Coordinator

Reasoning and analysis by provision: 115.389 (a)
PAQ: The agency ensures that incident-based and aggregate data are securely retained.

Ocean County Department of Juvenile Services, Chapter 16.2: The data collected pursuant to this section shall be securely maintained and retained for at least 10 years after the date of its initial collection.

Reasoning and analysis by provision: 115.389 (b)
PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

	Ocean County Department of Juvenile Services, Chapter 16.2: All aggregated sexual abuse data, including any from private facilities with which OCJDC may contract with shall be made readily available to the public, at least annually, through its website located at www.county.ocean.nj.us.OCJS/. A review of the Ocean County Juvenile Detention Center website noted the publication of several annual reports. Interview with PREA Coordinator: The facility reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response program. They collect the data, maintain spreadsheets and do corrective action as needed. **Reasoning and analysis by provision: 115.389 (c)** PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Ocean County Department of Juvenile Services, Chapter 16.2: Before making aggregated sexual abuse data publicly available, OCJDC shall remove all personal identifiers and any specific materials from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. There was no personal identifying information on any of the reports posted online and reviewed by the auditor. **Reasoning and analysis by provision: 115.389 (d)** PAQ: The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Ocean County Department of Juvenile Services, Chapter 16.2: The data collected pursuant to this section shall be securely maintained and retained for at least 10 years after the date of its initial collection **Finding: Based on this analysis, the facility is substantially compliant with the provisIons for this standard.**

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Ocean County Department of Juvenile Services, Ocean County Juvenile

Detention Center PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Research
- Policy Review
- Document Review
- Observations Made During Onsite Visit

Reasoning and analysis:
The auditor reviewed the Ocean County Department of Juvenile Services website at https://co.ocean.nj.us/OC/JuvServices/frmHomeJuvServices.aspx containing the three audit reports for audits completed between 2015 and 2022. The Ocean County Department of Juvenile Services ensures that the Ocean County Juvenile Detention Center has been audited at least once. The Ocean County Juvenile Detention Center PREA audits were conducted in 2015, 2019. and 2022. The current audit of Ocean County Juvenile Detention Center was conducted in year one of Audit Cycle 5.

The auditor was given access to, and the ability to observe, all areas of Ocean County Juvenile Detention Center. The auditor was permitted to conduct private interviews with residents at the facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by uploading pictures of the posted audit notices to the supplemental files. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.

The agency/facility provided the auditor with copies of any requested documents and information (including, among other things, electronically stored information). Throughout the evidence review phase up to the forty-fifth day, the agency provided the requested documentation to the auditor. Based on the above information, the agency and facility meet the standard and comply with the standard for the relevant review period.

Finding: Based on this analysis, the facility is substantially compliant with this provision.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the determination compliance:

	Ocean County Department of Juvenile Services, Ocean County Juvenile Detention Center Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) Policy Review Documentation Review **Reasoning and analysis (by provision): 115.403 (f):** The auditor observed the 2015, 2019, and 2022 Ocean County Juvenile Detention Center PREA Audit Reports are published on the agency's website at https://co.ocean.nj.us/OC/JuvServices/frmHomeJuvServices.aspx. The PREA final reports were published within 90 days after the final report was issued by the auditor. **Finding: Based on this analysis, the facility is substantially compliant with this provision.**

Appendix: Provision Findings		
115.311 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	**Contracting with other entities for the confinement of residents**	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	**Contracting with other entities for the confinement of residents**	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	**Supervision and monitoring**	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	**Supervision and monitoring**	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	**Supervision and monitoring**	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	**Supervision and monitoring**	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

115.315 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.316 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective	yes

	communication with residents who are deaf or hard of hearing?	
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual	yes

	abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry	yes

	maintained by the State or locality in which the employee would work?	
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	**Hiring and promotion decisions**	

	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	**Hiring and promotion decisions**	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321	**Evidence protocol and forensic medical examinations**	

(b)		
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321	**Evidence protocol and forensic medical examinations**	

(e)		
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes

	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	**Employee training**	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who	yes

	have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	
115.332 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	**Resident education**	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	**Resident education**	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through	yes

	video regarding: Agency policies and procedures for responding to such incidents?	
115.333 (c)	**Resident education**	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	**Resident education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its	na

	investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	
115.334 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.335 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and	yes

	mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	
115.341 (a)	**Obtaining information from residents**	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	**Obtaining information from residents**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	**Obtaining information from residents**	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes

	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident’s own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	**Obtaining information from residents**	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files?	yes
115.341 (e)	**Obtaining information from residents**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents?	yes
115.342 (a)	**Placement of residents**	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	**Placement of residents**	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

115.342 (d)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (f)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (h)	**Placement of residents**	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	**Placement of residents**	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351	**Resident reporting**	

(a)		
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	**Resident reporting**	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	**Resident reporting**	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	**Resident reporting**	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this	yes

	standard.)	
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident’s decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352	**Exhaustion of administrative remedies**	

(f)		
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline	yes

	numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	**Resident access to outside confidential support services and legal representation**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	**Resident access to outside confidential support services and legal representation**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.361 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	**Staff and agency reporting duties**	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	**Staff and agency reporting duties**	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	**Staff and agency reporting duties**	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim’s caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile’s attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes
115.362 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

115.363 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	**Staff first responder duties**	

	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	**Agency protection against retaliation**	

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	**Agency protection against retaliation**	

	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.371 (d)	**Criminal and administrative agency investigations**	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be	yes

	criminal referred for prosecution?	
115.371 (j)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	**Reporting to residents**	
	Following an investigation into a resident’s allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is	yes

	responsible for conducting administrative and criminal investigations.)	
115.373 (c)	**Reporting to residents**	
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	**Reporting to residents**	
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse	yes

	within the facility?	
115.373 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	**Interventions and disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	**Interventions and disciplinary sanctions for residents**	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378	**Interventions and disciplinary sanctions for residents**	

(c)		
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	**Interventions and disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	no
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	no
115.378 (e)	**Interventions and disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	**Interventions and disciplinary sanctions for residents**	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	**Interventions and disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that	yes

	the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	
115.381 (b)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	**Medical and mental health screenings; history of sexual abuse**	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate	yes

	medical and mental health practitioners?	
115.382 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph §	yes

	115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	
115.383 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or	yes

	investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.387 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in	yes

	addressing sexual abuse?	
115.388 (c)	**Data review for corrective action**	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once?	yes

	(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or	yes

	has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	