PREA Facility Audit Report: Final

Name of Facility: Ocean County Juvenile Services Department
Facility Type: Juvenile
Date Interim Report Submitted: NA
Date Final Report Submitted: 01/03/2020

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: Joseph W. Ehrhardt	**Date of Signature:** 01/03/2020

AUDITOR INFORMATION	
Auditor name:	Ehrhardt, Joseph
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Start Date of On-Site Audit:	12/02/2019
End Date of On-Site Audit:	12/03/2019

FACILITY INFORMATION	
Facility name:	Ocean County Juvenile Services Department
Facility physical address:	165 Sunset Ave, Toms River, New Jersey - 08754
Facility Phone	
Facility mailing address:	

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

Superintendent/Director/Administrator	
Name:	Jon Carman
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Facility PREA Compliance Manager	
Name:	
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Facility Health Service Administrator On-Site	
Name:	Pat Chant
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Facility Characteristics	
Designed facility capacity:	47
Current population of facility:	14
Average daily population for the past 12 months:	8
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
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:	53
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:	16

AGENCY INFORMATION	
Name of agency:	Ocean County Government
Governing authority or parent agency (if applicable):	Ocean County Juvenile Services/Governing Body is the County of Ocean
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
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Agency-Wide PREA Coordinator Information			
Name:	Edward Turnbach	**Email Address:**	eturnbach@co.ocean.nj.us

AUDIT FINDINGS

Narrative:
The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The second PREA compliance audit of the Ocean County Juvenile Detention Center was conducted by Joseph W. Ehrhardt, a certified independent PREA Auditor from Delaware and contracted by the County of Ocean, New Jersey. The Pre-Audit process began on October 11, 2019 when the PREA Audit Notices (Both English and Spanish)were sent electronically to the PREA Coordinator and were posted throughout the facility. The postings were verified by time-stamped photos. in late October, the Auditor began a on-line search regarding safety issues at the Juvenile Detention Center and identified community partners to speak with. The Auditor also had several telephone conversations with the facility's PREA Coordinator regarding required procedural documentation. In the three weeks preceding the on-site audit, the Auditor began his procedural review and that of the PRE-Audit Questionnaire. Because this audit is being performed on the Online Audit System (OAS),the PREA Coordinator was able to upload all relevant procedures for each standard. The PREA Coordinator also provided the Auditor with electronic copies of the facility's PREA procedures, the Ocean County Prosecutor's Office Sexual Assault Response Team information and an executed MOU with the Rape Crisis Center/Counseling Service. The Auditor was able to review all required procedural information and formulate interview questions in response to procedural questions.

The Onsite Audit phase of the Audit took place on Monday, December 2, 2019 from 8:15 a.m. - 6:30 pm and on Tuesday, December 3, 2019 from 6:30 am - 4:30 pm.
An opening briefing was held at 8:30 am with facility staff: the Director of Juvenile Services; the Director of Social Services, the Chief of Administrative Services, the Chief of Custody and the PREA Coordinator. Following introductions, the Auditor described the Audit process and methodology with all present and responded to questions about the process. Following the meeting, the Auditor met privately with the PREA Coordinator who provided the Auditor with a roster of residents and staff and specialized and random interviews were selected for both. Because there were only twelve residents in the facility on the first day, the Auditor selected all of them to be interviewed. Unfortunately, one resident was unavailable for interview due to placement and a new resident with developmental challenges refused to be interviewed despite several efforts by staff to explain the audit process. The Auditor interviewed thirteen random staff and nine specialty staff. The random staff were from all three shifts and three different job titles.

Following the selection of interviewees, the Auditor was given a facility tour by the Chief of Custody and the PREA Coordinator. The Auditor was unable to engage residents during tour because all residents were in school or Court and the Auditor did not want to disrupt their school lessons. The Auditor was able to observe school and to also watch school from the monitors in the Control Room. There is always an Officer inside the classroom plus a roving Officer in the hallway outside the classroom. The facility is very clean and well-ordered. There was very little vandalism noted. Residents do not work in the kitchen and are limited to cleaning work details or carrying supplies. The Auditor was able to view the search area. OCJDC uses two Officers to conduct a search of residents when available, but often utilizes one officer

who stands outside of the room where the resident disrobes and whose location and position is monitored by camera. The camera cannot view inside the room where the resident disrobes and this was confirmed when the Auditor monitored the cameras and video monitors inside the Control room. After the school session concluded, the Auditor was able to field interview two teachers. Both teachers had been properly trained on the facility's Zero Tolerance for sexual abuse and sexual harassment, but one was unaware of their role as a mandatory reporter to the NJ Division of Child Protection and Permanency. This teacher thought that notification of their supervisor of alleged abuse was sufficient. The teacher was retrained and facility administration was advised of the need to reassess their training needs. The Auditor was also able to field interview four kitchen staff. All had been properly trained regarding the facility's Zero Tolerance for Sexual Abuse and Sexual Harassment. They were also clear on their need to report any and all suspicions, knowledge or information regarding the sexual abuse of residents.

During the facility tour, the Auditor was able to view the facility's PREA postings. These postings were in Spanish and English and were prominently posted throughout the facility. The Auditor was also able to view the Audit notices, again posted in prominent buildings in both Spanish and English. To date, the Auditor has not received any confidential correspondence regarding OCJDC. The Auditor also checked the resident telephones and was able to see all hotline numbers posted for resident use. When the Auditor attempted to call the advocacy hotline as a resident might report sexual abuse, the hotline failed to connect the caller. The Auditor and the Chief of Custody then tried the other three hotlines and two worked, while the third failed. Within two hours, a work order was executed and the County Information Technology Department reprogrammed the telephones. When retried, all telephones operated as required.

Following the facility tour, the Auditor began interviews of random and specialized staff. These interviews continued in to the afternoon and included interviews with the facility Director, the PREA Coordinator, and the Director of Social Services. The latter was able to demonstrate the resident screening tool for sexual victimization or sexual abuse. The PREA Coordinator and the Auditor reviewed all investigative files for three allegations of Sexual Harassment which occurred since the first PREA compliance audit. All three investigations followed facility procedures, were thorough and complete and in one case, was substantiated and staff received proper corrective discipline.

As soon as the school day had concluded , the Auditor conducted random and specialty residents. These interviews continued until the residents' mealtime. The Auditor then interviewed random staff from the swing shift. Interview protocols were used for all interviews with appropriate follow-up questions as necessary.

The Auditor arrived at the facility at 6:30 the next morning to interview randomly selected staff from the Night Shift. Following the staff interviews, the Auditor began examination of facility records. In all, the Auditor reviewed four (4) resident records for proper admission records, and reviewed pertinent incident reports. . The Auditor then reviewed the personnel files of all thirteen interviewed random staff and one of the facility's social workers. One hundred percent of the reviewed personnel files confirmed that pre-hire and five-year criminal record checks were completed. The Auditor also confirmed child abuse registry checks and staff affirmations regarding past criminal activity and sexual abuse. During the record check, the Auditor was able to interview the Administrative Assistant responsible for conducting the required checks and to discuss how follow-up checks are triggered on a timely basis. The Auditor next checked all staff training records and found them to be complete and timely with regard to initial and refresher PREA training requirements. In addition, Auditor learned that all staff receive annual training from the Sexual Assault Nurse Examiner (SANE) utilized by the Ocean County Prosecutor's Office. Finally, the Auditor

reviewed resident PREA training files and sign-offs, the Social Service VAI Sexual Abuse screening files for every current resident and all Resident Grievance forms for 2019. All were in good order and complete.

Following the record review, the Auditor completed staff specialty interviews with the Medical Unit Supervisor, a facility Social Worker and the Chief of Custody. Random resident interviews, an interview with a contract teacher and interviews with the random security staff from the afternoon shift concluded the Auditor's examination. It should be noted that during resident interviews, all eleven resident interviewed reported feeling safe and all residents but one easily identified staff members that they could confide in and report an incident of sexual abuse or sexual harassment.

At 4:05 on Tuesday, December 3, 2019, the Auditor led an exit briefing with the Facility Director, the Director of Social Services, the Chief of Administrative services and the PREA Coordinator. The Auditor explained the process of triangularization in analyzing the audit data, but offered preliminary findings. The Auditor also offered several recommendations which are highlighted in this report under each standard review.

AUDIT FINDINGS

Facility Characteristics:
The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Ocean County Juvenile Detention Center is located in Toms River, New Jersey and is operated by the Ocean County Department of Juvenile Services. The Department also operates several community based programs including home detention and monitoring. The Juvenile Detention Center is housed in a single-story masonry building with an administrative office area facing the adjacent parking lot. The facility was renovated once with the addition of new resident housing and school facilities. This renovation was prior to the initiation of PREA in 2013. Since 2013, the facility underwent renovation of its camera technology and PREA supervision concerns were both considered and were key in the installation of updated and enhanced technologies.

As the facility now stands at the time of this audit, there are three housing units in regular use: one for female s and two for males. Each unit has a dayroom and eight secure sleeping rooms. Each unit also has two rooms which contain a toilet, a sink and private shower. These rooms can be secured from the outside and by procedure, residents are secured inside to shower, wash and use the toilet. Staff members, by procedure stand immediately outside the door. There are also security staff offices and counseling rooms adjacent to the housing units. There is a fourth wing which is original and provides 12 rooms with bunk beds and toilet units. These rooms are utilized for classification sleeping rooms or for isolation for medical needs. There is a separate dayroom where school lessons can be presented. Ocean County Juvenile Detention Center uses isolation only for very short (4 hours) behavioral controls and not to keep sexual abuse victims safe. Instead, the facility employs one-to-one supervision for this purpose.

The facility has a large recreation yard in the rear of the building with a First Alert Fence; a courtyard with a half- court basketball court, and indoor gymnasium for physical education and recreation.

The school has several academic classrooms outfitted with computers and Smartboards for technology-assisted learning. There is also a fully equipped Art Room and Science Room.

During the tour of the facility and while conducting resident interviews, the Auditor was impressed with the positive interaction between security staff and facility residents. This interaction was noted on many occasions and was positively reinforced to all residents and staff.

Residents eat in a common dining area but in several shifts. The kitchen staff is comprised of a supervisor and four cooks and residents are never permitted in the kitchen or food storage areas. All food is solely prepared by the kitchen staff, who are facility and Ocean County employees.

Social Services are provided by the Director of Social Services, two full-time social workers and one part-time social worker who also provides weekend coverage. Several allied community agencies including St. Francis Counseling Center provide youth advocacy, life skills education and enrichment programs for the residents.

AUDIT FINDINGS

Summary of Audit Findings:
The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of standards exceeded:	2
Number of standards met:	41
Number of standards not met:	0

In completing the second PREA compliance Audit of the Ocean County Juvenile Detention Center, the Auditor evaluated the Ocean County Juvenile Detention Center's compliance with forty-three (43) Juvenile Facility Standards, promulgated under the United States Department of Justice Final Rule, National Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) - {28 CFR Part 115, Docket No. OAG-131, RIN 1105 -AB34, May 17, 2012}

Of the forty-three (43) standards evaluated, Ocean County Juvenile Detention Center was found to exceed two (2) standards (115.341, 115.381), was found to meet thirty-nine (39) standards (115.311; 115.312; 115.313; 115.316; 115.317; 115.318; 115.321; 115.322; 115.331; 115.332; 115.333; 115.334; 115.335; 115.342; 115.351; 115.352; 115.353; 115.354; 115.361; 115.362; 115.363; 115.364; 115.365; 115.366; 115.367; 115.368; 115.371; 115.372; 115.373; 115.376; 115.377; 115.378; 115.382; 115.383; 115.386; 115.387; 115.389; 115.401 and 115.403; and was found to not meet one standard provision (d) of 115.315 and two standard provisions (b and d) of 115.388.

Corrective Action was initiated and successfully completed during the Audit review period. Ocean County Juvenile Detention Center was required to develop a monitoring plan for ensuring staff cross-gender announcements (115.315d) and has already executed this plan. Oversight of the monitoring will be completed by the Facility Director and the PREA Coordinator.

Information missing from the facility's required PREA posting (115.388 b, d) was remediated during the Audit review period and the website was subsequently checked by the Auditor.

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
	(a)The Ocean County Juvenile Detention Center (OCJDC) has developed a strong statement of their commitment to Zero Tolerance for Sexual Abuse and Sexual Harassment at the facility. Chapter 16.1 (OCJDC PREA Policy) I a.-c. clearly defines the facility's adherence to all requirements contained within standard provisions 115.311 (a) - (c). The policy clearly defines how the facility shall implement policies and procedures to prevent, detect and respond to Sexual Abuse and Sexual Harassment in its daily operations. Prohibited behaviors by staff, residents, contractors, volunteers and visitors have been clearly defined in the policy. (b)OCJDC employs a PREA Coordinator (PC) who has been a member of the facility administration for several years. On-site interviews by the Auditor with the Facility Director, the Director of Social Services, the Chief of Custody, all custody Shift Supervisors and the PC themselves confirmed that the PC has both the authority and responsibility to implement and enforce facility procedures to meet compliance with the PREA standards. The PC reports having both the time and support to carry out their job responsibilities. (c)The standard provision is not applicable as the agency operates only one facility.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	OCJDC currently has two contracts in force for the confinement of residents by other counties. One is with Burlington County Juvenile Detention Center and the other is with Cumberland County Juvenile Detention Center. At the time of the on-site audit, the census was low and there were no Ocean County residents in other county facilities. Review of the contracts both pre-audit and on-site confirmed that the contracts require facilities holding OCJDC residents to adopt and comply with all PREA standards.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) OCJDC meets each of the elements of the standard provision. Procedure Chapter 16 (PREA Procedures), paragraph 3 outlines the facility's response to each of the required elements detailed in this standard provision. The Auditor was provided an reviewed the facility's staffing plan. There are four shifts at OCJDC including a swing shift. Each shift has a Supervising and Senior Officer, plus the required number of security officers to maintain required supervision ratios. These ratios are also required by the New Jersey Juvenile Justice Commission which regulates the operation of the facility. All areas of OCJDC with the exception of resident sleeping rooms, lavatories and showers are also captured by video cameras. Video monitors are both fixed and can be dialed up. Several cameras in the housing and program areas have pan ad zoom capabilities. A dedicated security staff member monitors the camera system on a 24/7/365 basis from a locked control room. The Director, Chief of Custody and the PREA Coordinator can also privately review video footage as needed. Video footage is retained by the facility for a period of thirty (30) days. This information was confirmed by the PREA Coordinator. (b)The facility meets the standard provision. Review of the staffing review reports, special incidents and administrative and staff interviews confirm there was no occasion during the last 12 months when the staffing plan was deviated from. In the event of a staff shortage and no available replacement, staff are retained from the previous shift until a replacement can be obtained. (c)The facility meets the standard provision. The Auditor's review of work schedules, the staffing review and interviews with administrative and security staff confirm that staffing ratios are maintained by the Shift Supervisor at all times. There was no deviation from the 1:8 awake staff ratio or the 1:16 sleeping staff ratio during the past 12 months. (d)The facility meets the standard provision. In the past 12 months, OCJDC has met this standard provision by conducting a formal review of the staffing plan including an analysis of staffing levels. In response to this review, he facility is currently filling two staff vacancies to insure proper staffing levels to maintain resident supervision ratios. The facility also reviewed video monitoring capabilities this year and found these to be sufficient. A camera was added following the first PREA compliance audit and documents staff position and activity during resident strip searches without allowing for the viewing of residents when disrobed. (e)The facility meets the standard provision. Upper level administrators make unannounced rounds at OCJDC on all shifts. This practice was confirmed by log entries and interviews with administrative and security staff. Resident interviews place upper level administrators throughout the facility on a regular basis including nights and weekends.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets the standard provision. Chapter 16, Paragraph 4(a) of the facility PREA procedures prohibits cross-gender strip or pat-down searches in the absence of exigent circumstances and prohibits any visual cavity search unless performed by a medical provider for cause. In the past 12 months, there have been no cross-gender strip searches or cross gender visual body cavity searches performed at OCJDC. Admission records including body charts of strip searches confirm strip searches were performed by same-gender assigned staff members. Interviews with all supervisors and random officers and twelve of thirteen residents indicate that all strip-searches were conducted by same-gender staff and no visual cavity searches were conducted. The Medical Unit Supervisor attested that no resident were seen by or sent to medical staff to have a visual cavity search conducted. (b)The facility meets the standard provision. Interviews with the PREA Coordinator, the Director of Custody, all shift supervisors, random officers, and residents confirm that there have been no cross-gender pat-down searches performed at the OCJDC in the past 12 months. (c)The facility meets the standard provision. Chapter 16, Paragraph 4 requires the prior supervisory authorization and documentation of any cross-gender searches of any kind at OCJDC. (d)1.The facility meets this element of the standard provision. Chapter 16, Paragraph 4(e), requires all staff to provide privacy for all residents to shower, change clothing and toilet in privacy. The Auditor was able to inspect all housing unit rooms and bathroom/showers to ensure that residents have privacy when performing these functions. Staff and resident interviews confirmed this privacy and that residents are locked in the shower/lavatories by themselves when showering or toileting. Cameras memorialize this practice without compromising resident privacy. (e)The facility initially did not meet this standard provision during the on-site audit. Interviews revealed that staff announcements upon entering opposite-gender housing units have not been made on a consistent basis during the audit period despite Facility PREA Policy Chapter 16, Paragraph 4(e) requiring all staff to do so. Supervisory staff, random staff and resident interviews confirmed this deficiency. Facility administration was advised and has immediately issued a new directive requiring the announcements. (See uploaded document). Corrective Action was required and is being completed. The Facility Director has directed the PREA Coordinator to monitor this practice for compliance over the next ninety (90) days via resident interviews and documentation. (See uploaded document). (f)The facility meets the standard provision. The Auditor was able to review facility training and training sign-offs indicating that all current staff members had been trained in how to properly conduct cross-gender and transgender pat-down searches in professional and respectful manner, and in the least intrusive manner possible consistent with security needs as required by the standard provision. Training was verified by supervisory and reandom staff interviews.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets the standard provision. Facility PREA Procedure Chapter 16, Paragraph 5 directs custody and social services staff to take all steps necessary to provide special needs residents with the information required to prevent, detect and respond to Sexual Abuse/Sexual Harassment. This includes reading the PREA posters to visually impaired, illiterate, or mentally challenged residents; accessing a sign-language interpreter from the Family Court and assigning a social worker to work with psychiatrically impaired residents. The PREA Coordinator advised that the Family Court is very reluctant to place physically challenged residents in the Juvenile Detention Center and would actively seek other social service remedies before doing so. (b)The facility meets the standard provision. PREA Procedure Chapter 16, Paragraph 6outlines the responsibilities of facility staff to insure that all Limited English Proficient residents are included in a ll program activities and understand their rights under PREA. OCJDC currently has two bilingual staff (English-Spanish) who are available on-call to work with Limited English Proficient (LEP) residents. The facility also has the services of CTS Language Link which services 240 languages and dialects and is available to facility basis on a 24 hour/7day a week/365 days a year basis. (c)Facility policy and practice prohibits facility staff from utilizing residents as interpreters for other residents. Interviews with administrative, supervisory and random line staff members confirm procedural knowledge and practice.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a). The facility meets the standard Provision. PREA Procedures Chapter 16, Paragraph 7 prohibits the hiring or promotion of anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who-- (1)Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997); (2)Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described inn(a)(2) of this section. (b)The facility meets the standard provision. PREA Procedures Chapter 16, Section F, Paragraph 4 requires the facility to consider the hiring or promotion of any employee or contractor who has been involved in an incident of sexual harassment. Interviews with the Director and the PREA Coordinator detailed the specific consideration not to promote a standing employee who had been involved in a sexual harassment incident. Both administrators emphasized that all cases would be considered on an individual basis. (c) The facility meets the standard provision. PREA Procedures Chapter 16, Section F, Paragraph 5 requires the facility to perform child welfare sexual abuse registry checks on all employees hired after August, 2013, when the PREA standards came into force. Record checks on seventeen (17) employees found the required child registry checks (NJ CARI) had been performed on all employees required to have them. The facility also obtains clearance to and conducts interviews with the prior employers of prospective employees. NOTE: The Auditor confirmed that the standard provision had not been changed since the first PREA Compliance Audit with the PREA Resource Center (PRC). (d)The facility meets the standard provision. Despite OCJDC reporting no contract staff, the Auditor became aware that the OCJDC utilizes the services of two medical contractors who have contact with the residents: one physician and one dentist. Both contractors have had the required criminal record checks in conjunction with their employment by Ocean County, New Jersey. (e)The facility meets the standard provision. As required by the standard provision and PREA Procedures Chapter 16, Section F, Paragraph 6, all personnel files reviewed for staff and contractors (17) but one had properly documented five-year criminal re-checks. The facility is in substantial compliance of the standard provision. (f)The facility meets the standard provision. OCJDC utilizes the Ocean County Employment application and a pre-employment background investigation tool which affirmatively require all prospective employees having contact with residents to affirmatively report any past misconduct mentioned in paragraph(a) and to continue to affirmatively report any new misconduct during their employment at OCJDC. (g)The facility meets the standard provision. The Ocean County Employment application states that any material omissions or false statements made on the application constitute cause for immediate termination. The application was thoroughly reviewed by the Auditor. (h)The facility meets the standard provision. PREA Procedures Chapter 16, Section F, Paragraph 9 clearly states that 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. This practice was confirmed by interview with the Director.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The facility meets the standard provision. There has been no facility expansion or renovation at OCJDC since the last PREA compliance audit. (b) The facility meets the standard provision. There has been the addition of cameras at OCJDC since the last PREA compliance audit and those cameras were discussed with both facility administration and the PREA Auditor from the last PREA Compliance Audit with full regard to PREA safety concerns.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a-b)The facility meets all four elements of standard provision (a) and that of standard provision (b). PREA Procedure Chapter 16, Section B, Chapters 1 and 2 govern facility response to an allegation of sexual abuse/sexual harassment. OCJDC conducts all internal administrative investigations of allegations of sexual abuse and sexual harassment. However, New Jersey's Code of Administrative Law requires that all allegations of Sexual Abuse/Sexual Harassment are reported to the New Jersey Division of Child Protection and Permanency-Institutional Abuse Investigations Unit. The facility and State investigators shall work together cooperatively. Sexual abuse administrative investigations follow the conclusion of the criminal investigation. Criminal investigations are deferred to the Sexual Assault Response Team (SART) of the Ocean County Prosecutor's Office (OCPO-SART). OCPO-SART follows an evidence protocol adapted from 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. (c)The facility meets all elements of the standard provision through its partnership with OCPO-SART. Forensic examinations are provided at Ocean County Medical Center by a Sexual Assault Nurse Examiner (SANE Nurse) who is part of the OCPO-SART. The examination is provided at no cost to the resident or their family. The Auditor was able to confirm these services through a telephone conversation on December 11, 2019 with a Sgt. from the Special Victim's Unit of OCPO. It is the protocol of OCPO-SART that forensic examination shall be performed by the OCPO-SART SANE Nurse whenever they are available. In the absence of the SANE Nurse, the forensic examination would be performed by a qualified health professional at Community Medical Center in Toms River, New Jersey. There were no allegations of sexual abuse reported at OCJDC within the past 12 months and therefore there were no sane examinations performed on any residents of OCJDC within that timeframe. (d-e)The facility meets all elements of the standard provision. The Auditor reviewed a current Memorandum of Understanding (MOU) from St. Francis Counseling Center in Long Beach Township, NJ to provide rape crisis advocacy services and follow-up mental health services to sexual abuse victims from Ocean County JDC. These services are provided to the victim without cost and include accompanying the victim to the forensic examination, supporting them through the investigative process, and providing follow-up and referral services. If and when an advocate is not available from the rape crisis center, OCJDC has an on-staff social worker who has been trained by the rape crisis center to provide the advocacy services. The Auditor reviewed the required training documentation for this staff member. (f)The facility meets the standard provision. The Auditor was able to speak with a Sgt. from the Ocean County Prosecutor's Office-Special Victims Unit who verified that this office works in cooperation with the OCJDC and the NJ Division of Child Protection and Permanency to ensure that the requirements of the PREA standards are met during sex abuse investigations. (g)This standard provision is not required to be audited. (h)The facility meets the standard provision. While OCJDC has entered into a MOU with St. Francis Counseling Center to provide victim advocacy services and this agency provides screened and trained victim advocates, the facility has also provided a screened staff member trained by St. Francis Counseling Center to serve as back-up.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a).The facility meets all elements of the standard provision. Facility procedure 6.17 mandates the reporting and investigative responsibilities of all staff of the OCJDC. The Auditor reviewed the procedure and all investigative files since the first PREA compliance audit in 2016. The Auditor found all administrative investigations to be complete and thorough and appropriate remedial action was take by the facility. In the past 12 months there was one allegation of sexual harassment and no allegations of sexual abuse. That allegation resulted in a completed administrative investigation and a finding of unsubstantiated. (b)The facility meets all elements of the standard provision. Facility procedure 6.17 requires all allegations of sexual abuse/sexual harassment rising to the level of criminal prosecution to be referred to the Ocean County Prosecutor's Office. This procedure and all reporting requirements are available to he public under the PREA subtitle on the facility's website. (c)The facility meets the standard provision. The facility's website posting clearly outlines the criminal investigative responsibilities of the Ocean County Prosecutor's Office and the responsibilities of the OCJDC in conducting the administrative investigation. (d-e)These standard provisions are not required to be audited.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets the standard provision. The Auditor was able to review the OCJDC training curriculum with the PREA Coordinator who also oversees all facility staff training. OCJDC utilizes virtual training provided by the U.S. Department of Justice-Bureau of Justice Assistance. In addition, all facility staff receive annual training from the SANE Nurse associated with the Ocean County Prosecutor's Office-Sexual Assault Response Team (OCPO-SART). The training provided covers all eleven elements required by 115.331(a). These include: (1)The facility's Zero-Tolerance for sexual abuse and sexual harassment; (2)How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; (3)Residents' right to be free from sexual abuse and sexual harassment; (4)The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5)The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6)The common reactions of juvenile victims of sexual abuse and sexual harassment; (7)How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; (8)How to avoid inappropriate relationships with residents; (9)How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or non-conforming residents; (10)How to comply with relevant laws related to the mandatory reporting of sexual abuse to outside authorities; and (11)Relevant laws regarding the applicable age of consent. The Auditor was able to interview twenty-one (21) staff regarding their knowledge of the PREA requirements for their job. The Auditor found all interviewed facility staff to be knowledgeable in the above PREA requirements. The Auditor was also able to field interview an additional six (6) staff regarding their knowledge of Zero-Tolerance requirements and reporting responsibilities during the site-review. These staff members included all kitchen workers and two selected teachers from the County Vocational School. Recommendation: All teachers at the OCJDC who come to the Center from the Ocean County Vocational School District should receive a refresher course in NJ Child Abuse reporting requirements. (b)The facility meets the standard provision. The Auditor found the staff PREA training to be tailored to the needs of the facility's adolescent population and to the needs of both genders. Given the proximity of OCJDC's housing units, the staff work well with and around both genders. (c)The facility meets the standard provision. A check of all training records indicated that all facility staff had received their required refresher training in a timely manner. (d)The facility meets the standard provision. The facility does a commendable job in collecting and maintaining staff sign-off's for all required and elective staff training, including staff's acknowledgement of understanding the training. This includes collecting training certificates from employees.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a-b)The facility meets both elements of these standard provisions. The Auditor was able to interview a medical contractor and to review the training records of all contractors and volunteers with regard to the PREA requirements of the prevention, detection and response to sexual abuse and sexual harassment at OCJDC.. Training for contractors and volunteers involved the facility's Zero Tolerance for Sexual Abuse and Sexual Harassment, mandatory reporting requirements and first responder responsibilities for non-security staff. (c)The facility meets the standard provision. The facility properly maintains training records for all contract staff and volunteers and these records were reviewed by the Auditor.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The facility meets all elements of the standard provision. OCJDC policy 4.3 provides for notification of all new residents of the facility's Zero-Tolerance for sexual abuse/sexual harassment and how the resident may report abuse/harassment/retaliation several different ways. Upon admission to OCJDC, each resident participates in an Intake Process with an officer normally of the same gender. If an officer of the same gender is not available, the strip search shall be delayed until an officer of the same gender becomes available. During the Intake Process, the admitting officer reads the resident the facility's Zero-Tolerance policy and explains several ways that a resident can report sexual abuse/sexual harassment/retaliation. The officer then is required to determine the resident's understanding of the information and finally the resident signs an acknowledgement that they have been informed and understand the information. The resident also receives a Resident Handbook which explains the PREA Zero-Tolerance policy and their reporting rights. In the past 12 months, fifty-one (51) residents received this information. This number represents 100% of admissions. This information was also supported by staff and resident interviews. (b)The facility meets the standard provision. Within ten (10) days of admission, every resident participates in a more detailed intake education process with a facility social worker. During this process, the resident receives comprehensive PREA education, can discuss any issues regarding their sexual identification and completes the sexual abuse victimization/abuser risk assessment. The Auditor was able to verify these screenings by reviewing document sign-offs and interviews with residents, one of two social workers and the Director of Social Services. (c)The facility meets all elements of the standard provision. In the past 12 months, all residents received at OCJDC received the extended Intake with Social Services and received comprehensive information about PREA either by explanation or by viewing a video. No resident was missed in this process. Residents coming from or going to another facility are addressed by the social services staff who educate them at OCJDC or contact the facility they are being transferred to in order to inform the new facility of the need for PREA education. (d)The facility meets all elements of the standard provision. PREA education materials are available in formats where they can be read or explained to residents who have visual and auditory disabilities, who are educationally or developmentally challenged, and who are Limited English Proficient. (e)The facility meets the standard provision. Records are maintained detailing each resident's PREA education by the Social Worker. (f)The facility meets the standard provision. The majority of residents interviewed reported having been issued a Resident Handbook and having read it. All interviewed residents had seen the PREA posters and were aware of Zero Tolerance for Sexual Abuse/Sexual Harassment/Retaliation and how to make a report

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets the standard provision. Assigned OCJDC investigative staff perform internal administrative investigations. The Auditor reviewed the specialized investigative training certificates of one administrative staff member, one social worker and one Senior Juvenile Detention Officer. The training was provided virtually by the National Institute of Corrections (NIC) and two of the three staff reviewed also had advanced investigative training. (b)The facility meets all elements of the standard provision. The training offered by the NIC includes specialized techniques for interviewing juvenile sex abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criterial and evidence required to substantiate a case for administrative action or prosecution referral. The Auditor was able to review the administrative investigative files created since the last PREA Compliance audit and found them to be complete and procedurally correct. (c)The facility meets the standard provision. The Auditor was able to review the training records of the facility's three trained investigators. (d)The Auditor is not required to audit this standard provision.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets all elements of the standard provision. OCJDC employs one full-time Registered Nurse (RN) and three part-time RNs to provide medical services to the residents from 07:00 hours to 22:00 hours. OCJDC contracts with one part-time Medical Doctor (MD) and one-part-time Dentist (DDS). OCJDC also employs one full-time Director of Social Services (Doctoral level), two full-time Social Workers (Bachelor's level) and one part-time Social Worker (Bachelor's Level). All Medical/Mental Health staff have received both general staff PREA training as required in 115.331 or contractor training as specified in 115.332. In addition, all Medical/Mental health staff have received specialized Medical/Mental Health training from the National Institute of Corrections. This training includes: (1)How to detect and assess signs of sexual abuse and sexual harassment; (2)How to preserve physical evidence of sexual abuse; (3)How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4)How and to whom to report allegations of sexual abuse and sexual harassment. The Auditor was able to interview the Medical Unit Supervisor and the Director of Social Services to confirm this training and to interview one Social Worker and the Medical Doctor. The Medical Doctor had received PREA training at another correctional facility. The Auditor was also able to review the training certificates for all nurses and the Social Services staff. (b)This standard provision is not applicable as OCJDC medical staff are prohibited by directive from performing any forensic medical examinations. (c)The facility is in substantial compliance for this standard provision. Documentation was missing for the Medical Doctor. It is recommended that this documentation should be obtained by the facility. (d)The facility meets the standard provision. The Auditor was able to review documentation that Medical/Mental Health staff had also received the training as required by standards 115.131 and 115.132.

115.341	Obtaining information from residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	(a)The facility exceeds the standard. Facility Policy Chapter 4.3 directs staff responsibilities during admission and screening. OCJDC has developed a comprehensive team approach to screening residents for vulnerability/aggressiveness with regard to sexual abuse/sexual harassment. The initial screening conducted by the officer during intake immediately addresses the facility's intent to make Zero Tolerance for Sexual Abuse and Sexual Harassment a priority. Upon completion of the intake, the resident is place in the classification unit until the initial Vulnerability Assessment Instrument (VAI) is administered by Social Service. OCJDC has weekend social services staff coverage. The VAI measures both vulnerability and aggressiveness numerically and the resulting score triggers both a security classification response and mandatory follow-up by both Social Services and Medical staff. The identification of vulnerability or aggressiveness with regard to sexual assault also triggers notifications to the Director, the Director of Social Services, the Chief of Custody and the PREA Coordinator. Residents identified as vulnerable or aggressors are reviewed by social services every ten days during their admission. It is the leveled coordination of staff response to identified resident vulnerability or aggressiveness which exceeds the requirements of this standard. (b)The facility meets the standard provision. OCJDC uses the Vulnerability Assessment Instrument (VAI). It is a numerical risk assessment tool. (c)The facility meets the standard provision. The Intake Questionnaire and the VAI satisfy all informational requirements of the standard provision including at a minimum: (1)Prior victimization or abusiveness; (2)Any gender nonconforming appearance or mannerisms or identification as lesbian, gay, bisexual, transgender or intersex, and whether the resident may therefore be vulnerable t sexual abuse; (3)Current charges and offense history; (4)Age; (5)Level of emotional and cognitive development; (6)Physical size and stature; (7)Mental illness or mental disabilities; (8)Intellectual or developmental disabilities; (9)Physical disabilities; (10)The resident's own perception of vulnerability; and (11)Any other specific information about residents that might indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. The Auditor was able to "walk through" the screening process with the Director of Social Services and the Social Worker who normally administers the VAI and provides follow-up to identified vulnerable or aggressive residents. (d)The facility meets the standard provision. Information used in the screening process is obtained from conversations with the resident during the intake process, from medical and mental health screenings, during classification assessments with the Chief of Custody; and by reviewing court records, case files, facility behavioral records and incident reports, and other relevant documents from residents' files. This information was confirmed by both the Auditor's document review and interviews with the Director of Social Services and the Chief of Custody. (e)The facility meets the standard provision. Policy Chapter 4.3(e) regulates that sensitive classification information is disseminated between staff on a "strict need-to-know" basis. Interviews with the Director and the Chief of Custody verified this control.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a-b)The facility meets all elements of both standard provisions. Facility Policy Chapter 4.3 clearly delineates supervision and placement requirements for residents who are vulnerable for sexual abuse. The facility doe not use isolation as a protective measure for vulnerable residents and has chosen to utilize one-to-one officer/resident supervision as an alternative. Therefore, residents who are housed or maintained apart from other residents still receive educational services, large muscle exercise, access to social and medical service and generally participate in all program activities, but with direct 1:1 supervision. The Auditor directly observed this process on two occasions during the onsite audit. Note: The New Jersey Juvenile Justice Commission has strict mandates regarding the use of isolation even for behaviorally disruptive residents. Residents in isolation must be e-evaluated every 4 hours and when calm, must be released from isolation and receive program activities. (c)The facility meets all elements of this standard provision. OCJDC does not use isolation to protect gay, lesbian or bisexual residents nor transgender or intersex residents, nor does it consider sexual identification solely as a classification factor. The facility has prioritized the personal safety of all residents. At all levels and stations, the staff reports a commitment to the safety of these residents and remain in constant private conversation with these residents to ensure their safety. One-to-one supervision and separation versus isolation are utilized to ensure safety. Resident interviews and Auditor observations support these reports. All interviewed residents (eleven of thirteen; one refusal, one out-of-the building) reported feeling safe at OCJDC. (d)The facility meets the standard provision. The Chief of Custody reports that social services and custody supervisors will meet with transgender residents and take their concerns into consideration on a case-by-case basis when making housing assignments. The facility would do the same with intersex residents but has not worked with one to date. (e-f)The facility meets both standard provisions. The Chief of Custody reports that resident housing assignments are reviewed for safety on a weekly basis and the Social Worker's safety re-assessment of vulnerable residents, which would include transgender and intersex residents, would trigger a housing re-assessment every 10 days also. (g)The facility meets the standard provision. All residents at OCJDC shower separately in a secure shower room where other residents cannot enter and an officer stands outside. Transgender and intersex residents are given the option of showering last while the other residents are in their room performing personal hygiene tasks. This practice was confirmed by supervisory and random staff interviews. (h,i)The facility meets both standard provisions. No residents at OCJDC were held in isolation as a result of their potential victimization and the standard provisions are not applicable.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets all elements of the standard provision. Residents may internally report allegations of sexual abuse/sexual harassment, retaliation from residents or staff for reporting sexual abuse/sexual harassment or staff neglect or violation of responsibilities that may have contributed to such incidents to any custody staff member, to their assigned social worker, to any medical staff member, to any teacher, and to any volunteer. Residents may make oral or written reports to any staff member or submit a confidential grievance to a social worker. They may also ask to speak to the Chief of Custody or a supervisor in private. The Auditor reviewed all resident grievance forms for 2019 and also became aware of an allegation of sexual harassment made in a prior year by a resident grievance. (b)The facility meets the standard provision. Residents at OCJDC are offered with several opportunities to make confidential reports of sexual abuse, retaliation or a violation of responsibilities on the part of facility staff. Residents can make these reports to their attorney, their probation officer, a teacher who is an employee of the Ocean County Vocational School or a parent or guardian. They can make confidential, anonymous reports to the St. Thomas Counseling Center Hotline, the Rape, Abuse and Incest National Network (RAINN) Hotline, or the NJ Commission Against Sexual Abuse (CASA) Hotline. The 800 numbers for each agency are posted by the telephones. Note: During the Site Review, two of the four Hotline telephones were inoperable due to having been programmed to disallow 800 numbers. This issue was immediately resolved on the first day of the on-site audit by the Chief of Custody. The Auditor was able to dial the St Francis Counseling Center Hotline and speak to an operator on the first attempt. Recommendation: The Director of Custody or their designee should check all housing and intake unit hotlines each week and maintain a logbook of those status checks. (c)The facility meets the standard provision. PREA procedure 16.3provides for residents to report sexual abuse/sexual harassment allegations verbally to staff, in writing, or through a sealed grievance form addressed to the Director. Upon receiving a verbal or written report detailing sexual abuse/sexual harassment, the receiving staff member shall generate a facility incident report and forward it and the written allegation, if applicable to their supervisor immediately. The report will be forwarded to facility administration, if in the facility, or the on-call administrator will be notified of the allegation immediately by telephone. (d)The facility meets the standard provision. The Auditor personally observed grievance forms available to all residents in the dayroom outside the housing units. Residents can obtain a pencil from any staff member on the housing unit and in school. The Auditor reviewed all grievances submitted by residents during 2019. (e)The facility meets the standard provision. Facility staff are trained as to how to privately report and suspected abuse, including sexual abuse to the NJ Division of Child Protection and Permanency Abuse Hotline at 1-877-NJABUSE. All interviewed staff were aware of their ability to make this report.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets the standard provision. Facility Procedure 9.4 "Resident's Rights" provides for residents at OCJDC to have administrative remedies to sexual abuse/sexual harassment allegations through a grievance process. (b)The facility all elements of the standard provision. Procedure 9.4 imposes no time limit on a grievance alleging sexual abuse. Grievances alleging sexual abuse can be in a sealed envelope and forwarded directly to the Director. The Auditor was made aware of a previous grievance submitted directly to the Director alleging sexual harassment by a staff member. That allegation was substantiated and the staff member was remediated. (c)The facility meets all elements of the standard provision. Procedure 9.4 allows a resident to submit a grievance without submitting it to the staff member who is the subject of the complaint and the facility shall not refer the grievance to the staff member who is the subject of the complaint. (d)The facility meets all element of the standard provision. the facility shall issue a final decision on the grievance within 90 days with a maximum extension of 70 days if the original 90 days was insufficient to make a proper decision. A review of the grievances by the Auditor revealed no instance where the facility did not meet the mandatory time limit. (e)The facility meets all elements of the standard provision. Procedure 9.4 allows third parties including fellow residents, staff members, family members, attorneys and outside advocates to assist residents in filing requests for administrative remedies to allegations of sexual abuse and shall also be permitted to file such requests on behalf of residents. If a third party, other than a parent or guardian files such a request on behalf of a resident, the facility may require as a condition 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. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such a juvenile. such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf. (f)The facility meets both elements of the standard provision. Procedure 9.4 establishes procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Facility staff are authorized to immediately place all other duties aside in order to ensure that the resident's safety is provided for until a formal plan has been developed to ensure the residents safety from the imminent threat of sexual abuse. The facility shall issue a final decision within 5 days determining if the resident was in fact in substantial risk of imminent sexual abuse and shall document all steps taken to remedy the situation. This practice was verified through interviews with both the Director and the Chief of Custody. (g)The facility meets the standard provision. Procedure 9.4 states that the facility may discipline a resident for filing a grievance alleging sexual abuse when the facility can demonstrate that the resident filed the grievance in bad faith.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets all elements of the standard provision. Facility Procedure Chapter 11.2 "Telephone Calls" provides access for residents to call sex abuse hotlines privately. OCJDC has entered an agreement with St. Francis Counseling Center of Long Beach Township to provide sexual abuse advocacy services. There is hotline access to the Counseling Center and the Auditor was able to access the confidential hotline during the onsite visit. The facility has also made both the State NJCASA Hotline and the national RAINN Hotline accessible to residents from the facility housing unit telephones. Hotline telephone numbers are posted by the telephones. (b)The facility meets the standard provision. Chapter 11.2 guarantees residents privacy in making sexual abuse hotline calls but both Social Services and the Resident Handbook advise residents of mandatory child and sexual abuse reporting laws. (c)The facility meets the standard provision. OCJDC has entered into a Memorandum of Understanding for sexual abuse advocacy services with St.Francis counseling Center. (See uploaded MOU under 115:321. (d)The facility meets the standard provision. Both staff and resident interviews verified that residents have confidential access to their attorneys and regular access to their parents through both visits and telephone calls.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets both elements of the standard provision. OCJDC has established through facility procedure Chapter 6.17a procedures to accept and process third party allegations of sexual abuse from persons to include, but not limited to, fellow residents, staff members, family members, legal guardians, attorneys, outside advocates and concerned citizens. The facility has publicly distributed this information on its Ocean County website.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets all elements of the standard provision. Facility policy Chapter 6.17a "Sexual Abuse Investigations" requires all staff, regardless of rank and position, to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment or retaliation for prior reporting occurring prior to the resident's admission to OCJDC or alleged to have occurred at OCJDC. The procedure systematically walks all staff members through the reporting mechanism and specifies which supervisors, administrators and agencies must be notified and in what order. All formally interviewed and field interviewed staff (twenty-three of all levels and positions were highly knowledgeable of the procedural requirements to satisfy this standard provision. (b)The facility meets this standard provision. All formally and field interviewed staff (twenty-three) with the exception of one were aware of the procedural requirements of Chapter 6.17a whereby all staff with suspicion, knowledge or information regarding sexual abuse of a child at OCJDC are mandatory reporters to the NJ Division of Child Protection and Permanency at 1-877-NJABUSE. (c)The facility meets the standard provision. Facility policy Chapter 6.17a requires that all staff are prohibited from revealing any information regarding a sexual abuse report to anyone other than designated supervisor or officials and designated State or local agencies specified in agency policy to make treatment, investigation, and other security and management systems. All interviewed supervisory, medical, and random security staff verified knowledge of this policy. (d)The facility meets both elements of the standard provision. Facility policy 6.17a requires that all medical and mental health practitioners report sexual abuse to the supervisors and officials designated in the procedure. These reports were verified through interviews with the Medical Unit Supervisor and the Director of Social Services. (e)The facility meets all elements of the standard provision. Facility policy Chapter 6.17a (C)4 requires that the Superintendent or their designee shall report the alleged abuse to the Prosecutor's Office of Ocean County or the County in which the abuse occurred, the Superintendent of another facility if the abuse occurred there and the NJ Division of Child Protection and Permanency-Institutional Abuse Investigations Unit. If the Director is involved in the allegation, the supervisor receiving the allegation shall contact the Chief of Custody and the Director of Social Services and the Director of Social Services shall make the necessary notifications to the Prosecutor's Office, to Ocean County Human Resources and to the State of New Jersey Division of Child Protection and Permanency-Institutional Abuse Investigations Unit. (f)The facility meets the standard provision. Facility Policy Chapter 6.17a(C)4 requires that the reporting supervisor shall also notify the facility's PREA Coordinator who will direct the notification of the facility's investigators.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility meets all elements of the standard. When the facility becomes aware that a resident is subject to a substantial risk of imminent sexual abuse, facility policy Chapter 3.67a(K) requires that the facility take the following action to include: (1)Sight and sound separation of victim and abuser at all times; (2)Housing unit changes for victims or abusers; (3)Removal of alleged staff or resident abusers from contact with victims; (4)Providing emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations; (5)Monitoring by the PREA Coordinator for a period of at least 90 days of the victim, or other residents who fear retaliation for reporting or cooperating with investigations; and (6)Monitoring by the Superintendent for a period of at least 90 days of staff members and their treatment to ensure they are protected from retaliation for reporting or cooperating with investigations. There were no incidents at OCJDC in the past 12 months in which a resident was subject to a substantial risk of imminent sexual abuse.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets all elements of the standard provision. Facility procedure 6.17a (C) requires that the Director shall inform the Superintendent, Director or Head of the facility where the abuse is alleged to have occurred of the incident within 72 hours of receiving the allegation. Regardless of this notification, the Superintendent shall direct that facility staff immediately notify the Ocean County Prosecutor's Office and the NJ Division of Child Protection and Permanency-Institutional Abuse Investigations Unit. There were no allegations of a OCJDC resident having been sexually abused in another facility in the past 12 months. (b)The facility meets the standard provision. Facility procedure 6.17a (C) requires that the Director make the notification to the other facility Director, Superintendent or Head as soon as possible, but within 72 hours. Interview with the Director verified that such an incident has not occurred during their tenure, but they are aware of their affirmative duty to make the notification as required. (c)The facility meets the standard provision. Interviews with the Director and the Chief of Custody confirm that all notifications following an allegation of sexual abuse or sexual harassment result in the generation of an incident report which is maintained in the resident's file. (d)The facility meets the standard provision. Facility policy 6.17a (C)requires that the facility handle any notification of an allegation of sexual abuse or sexual harassment from another facility in the same manner as if the allegation was made to staff at OCJDC. This practice was verified by interview with the Chief of Custody.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets all elements of the standard provision. Facility Policy Chapter 7.5 "Duties of First Responders After an Allegation of Sexual Abuse" requires that security staff learning of and responding to an allegation of sexual abuse perform the following tasks sequentially: (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(s). 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(s) should not be left alone until law enforcement or emergency responders arrive and take charge of the scene. (2)The alleged actor(s) shall not be left alone until law enforcement arrives and takes control of the scene; (c)If the incident occurred in a pod area (housing unit), order any other residents into their rooms; (d)Immediately upon the arrival of additional staff, have the alleged actor(s) removed from the area, out of site of the alleged victim(s); (e)preserve and protect any crime scene, where possible, until other staff arrive, but the safety of the victim is the first priority; (f)If the assault or act of abuse occurred within a time frame (72 hours) that still allows for the collection of physical evidence, request that the alleged victim(s) not take any actions that destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating;(g)If the assault or sexual abuse occurred within a timeframe (72 hours) that still allows for the collection of physical evidence, ensure that the alleged actor(s) does not take any actions that would destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. The Auditor was able to interview all four (4)shift supervisors and a random sample of nine (9) detention officers. All four shift supervisors were very clear of the first responder duties to a sexual assault. Interviews with shift officers were very clear with some officers, but not as clear with others. The Auditor noted that all detention officers responded after they separated the alleged victim(s) and actors(s), their first step would be to notify their supervisor. This step ensures that policy would be followed if and when an allegation of sexual abuse were made and the Auditor therefore finds the facility in compliance with the standard provision. A check of the training records of all interviewed detention officers showed that they had received both the PREA first responder training and the mandated updates. There were no allegations of sexual abuse at OCJDC in the past 12 months. Recommendation: The Auditor has recommended to the Director, the Chief of Custody and the PREA Coordinator that the facility develop and issue Sexual Abuse First Responder cards. All detention officers and supervisors would be responsible to carry the cards during their tour of duty. The Director agreed to issuing the Sexual Abuse First Responder cards. (b)The facility meets all elements of the standard provision. Facility policy Chapter 7.5 "Duties of First Responders after an Allegation of Sexual Abuse" requires non-security staff members to immediately notify a security staff member of the allegation. At OCJDC, there are always security staff members in the classrooms, the gymnasium, outside the Medical Office and near secure interview rooms. The Auditor interviewed medical, education, and social service staff who all verified that they must immediately notify security staff if a resident makes an allegation of sexual abuse to them. They will also request hat the resident not take any actions that might destroy physical evidence. There were no allegations of sexual abuse reported at OCJDC in the past 12 months.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility meets the standard. Facility procedure Chapter 7.6 details the institutional coordinated response plan for all OCJDC staff to initiate and follow upon the allegation of an incident of sexual abuse of a resident. Interviews with all responsible administrative staff, supervisory staff, the Medical Dept. Supervisor and the on-duty Social Worker confirm the coordinated response plan.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility meets the standard. The Auditor was provided a copy of the current Collective Bargaining Agreement in force, reviewed the document and found nothing in the document restricting the County's authority to remove alleged abusers from contact with residents pending the outcome of a sexual abuse investigation.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets both elements of the standard provision. Facility Policy Chapter 7.6 (F)7 details staff responsibilities to prevent and respond to retaliation against residents and/or staff members who report sexual abuse and/or cooperate in the investigation of a sexual abuse investigation. The PREA Coordinator is the designated staff member to monitor retaliation against residents who reported sexual abuse or cooperated with sexual abuse investigations. The Director is the designated staff member to monitor retaliation against staff members who reported sexual abuse or cooperated in sexual abuse investigations. In the past 12 months, there have been no allegations of sexual abuse at OCJDC. (b)The facility meets the standard provision. Facility Policy Chapter 7.6 (F)7 provides multiple protection measures for affected residents and staff members including 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 resident and staff who fear retaliation for reporting sexual abuse or for participating in sexual abuse investigations. (c)The facility meets all elements of the standard provision. Facility Policy Chapter 7.6 (F)7 requires the monitoring of residents and staff who reported sexual abuse or cooperated with sexual abuse investigations for retaliation for 90 days past the date of the report. Those assigned t monitor for retaliation are looking for behavioral changes around the actors or victims and measurable changes including housing assignments, programmatic changes, resident disciplinary reports r negative reviews and job assignments for staff. For cause, the period of monitoring retaliation can be extended. There were no incidents of retaliation at OCJDC during the past 12 months. (d)The facility meets the standard provision. Facility Policy Chapter 7.6(F)7 requires the PREA Coordinator to make periodic status checks with residents who may face retaliation. Interview with the PREA Coordinator verified their understanding of this responsibility. The PREA Coordinator indicated that they may utilize social services staff to make these checks depending on their rapport with the resident. (e)The facility meets the standard provision. If any other person who cooperates with the sexual abuse investigation raises a concern regarding retaliation, the facility shall take reasonable steps to protect that person from such retaliation. This practice was confirmed by the Director during their interview. (f)The facility meets the standard provision. This provision allows for the facility to stop monitoring for retaliation if the sexual abuse allegation is unfounded. Facility Policy Chapter 7.6(F)7 clearly states this action.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility meets the standard. Ocean County does not use isolation as a control to keep residents safe. The facility utilizes one-to-one supervision in the Classification Unit Day Room where residents can be physically separated from other residents during sleeping hours, but still can receive school and programmatic activities. One-to-one supervision is maintained until the facility as a team determines that the resident is no lohttps://www.preaaudit.org/audit-questionnaire?audit_id=605nger at risk for harm from anyone. This information was verified by the Director of Custody.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets both elements of the standard provision. Facility Policy Chapter 7.3a relegates all criminal investigations of sexual Abuse or sexual Harassment to the Ocean County Prosecutor's Office. Administrative investigations of Sexual abuse allegations shall be conducted by the NJ Division of Child Protection and Permanency-Institutional Abuse Investigations Unit (DCP&P-IAIU) with the cooperation and support of the facility's trained sexual abuse investigators. Sexual harassment of residents by residents shall be investigated by the facility's investigators and addressed internally. Sexual harassment by staff shall be referred to and addressed by the Ocean County Office of Employee Relations. Procedures dictate that all investigations shall be conducted in a prompt, thorough and objective manner. A review of the facility's investigative files for the time period since the last audit confirms that all investigations were so-conducted. There were no allegations of sexual abuse at OCJDC within the last 12 months and one allegation of staff sexual misconduct (harassment) that was unsubstantiated. (b)The facility meets the standard provision. OCJDC reports all allegations of sexual abuse to the Ocean County Prosecutor's Office(OCPO) who responds with a specially trained Sexual Assault Response Team (SART). (c)the facility meets all elements of the standard provision. The OCPO-SART is trained and follows protocols to preserve and collect all available physical and DNA evidence; to interview all victims, perpetrators, and witnesses; and to review prior complaints and reports regarding sexual abuse by the perpetrator. (d)The facility meets the standard provision. Procedure 7.3a requires that all investigations continue to conclusion even if the allegation is recanted by the accuser. (e)The facility meets the standard provision. Facility procedures require when the quality of evidence supports prosecution, the facility shall consult with the OCPO and shall refrain from conducting any compelled interviews that could impede prosecution. (f)The facility meets both elements of the standard provision. Facility procedures require that investigators judge victim, abuser and witness creditability base on individual reliability and not on their status as resident or staff. No resident who alleges sexual abuse will be required to submit to a polygraph examination. (g)The facility meets both elements of the standard provision. Facility procedures require that in the matter of administrative investigations: (1)Such investigations 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. (h)The facility meets the standard provision. Criminal reports generated by OCPO are legal documents and contain a thorough description of physical testimonial, and documentary evidence with copies of documentary evidence attached to the report. (I)The facility meets the standard provision. Facility Policy Chapter 7.3a provides that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. All allegations of sexual abuse are referred to the OCPO for investigation. (j)The facility meets the standard provision. Facility Policy Chapter 7.3a requires the retention of all criminal and administrative investigation reports for as long as the alleged abuser is incarcerated or employed by the facility, plus five years. The PREA Coordinator confirmed this

	practice. (k)The facility meets the standard provision. Facility Policy Chapter 7.3a requires that the departure of the victimor the abuser from the employment or control of the facility shall not provide a basis for the termination of the investigation. (l)The Auditor is not required to audit this standard provision. (m)The facility meets the standard provision. Facility Policy Chapter 7.3a mandates that the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets the standard provision. Facility Policy Chapter 7.3a(5) imposes that for administrative investigations, the standard of evidence for the facility and the Ocean County Prosecutor's Office shall be no higher than the preponderance of evidence.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets all elements of the standard provision. Facility Policy Chapter 7.3a(5)a requires that following an investigation into a residents allegation of sexual abuse suffered at the facility, the facility shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This notification would normally be made by the Chief of Custody or a social worker. There were no investigations of sexual abuse at OCJDC in the past 12 months. (b)The facility meets all elements of the standard provision. Because Ocean County Prosecutor's Office(OCPO) conducts all investigations into sexual abuse at OCJDC, Facility Policy 7.3a(5)a requires that the facility contact the OCPO to determine the outcome of the sexual abuse investigation in order to inform the resident. There were no investigations of sexual abuse at OCJDC by the OCPO within the past 12 months. (c)The facility meets all elements of the standard provision. Facility Policy Chapter 7.3a(5)b requires that following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility shall subsequently inform the resident (unless the facility has determined the allegation is unfounded) whenever: 1)The staff member is no longer posted within the resident's unit; 2)The staff member is no longer employed at the facility; 3)The facility learns that the staff member has been indicted on a charge related to the sexual abuse within the facility; or 4)Thee facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. This notification will normally be made by the Chief of Custody. There have been no substantiated or unsubstantiated allegations of sexual abuse committed by a staff member at this facility within the past 12 months. (d)The facility meets the standard provision. Facility Policy Chapter 7.3a(6)c requires that following a resident's allegation that he or she has been sexually abused by another resident, the facility shall subsequently inform the alleged victim whenever: 1)The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2)The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. This notification would normally be made by the Chief of Custody. (e)The facility meets all elements of this standard provision. Facility Policy Chapter 7.3a(6)d requires that all notifications or attempted notifications to residents described above be documented. In the past 12 months there were no notifications made to residents. (f)The Auditor is not required to audit this standard provision.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a-b)The facility meets both standard provisions. Facility PREA Policy Chapter 16.1H5 clearly outlines that staff who are found to have violated facility sexual abuse and sexual harassment policies policies are subject to disciplinary sanctions up to and including termination. The imposition of discipline was discussed with and confirmed by the Auditor's interview with the Director. Review of facility investigative records indicate the imposition of progressive discipline for incidents of sexual harassment by a staff member since the last PREA compliance audit in 2016.. There have been no incidents of sexual abuse or sexual harassment by a staff member at OCJDC during the past 12 months. (c)The facility meets the standard provision. Facility PREA Policy Chapter 16.1H5 prescribes that disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by staff with similar histories. There were no staff disciplined for violations of facility policies regarding sexual abuse or sexual harassment within the past 12 months. (d)The facility meets both elements of the standard provision. Facility PREA Policy Chapter 16.1H5 requires that all terminations of employees for violations of the facility's sexual abuse and sexual harassment policies, or any resignation by an employee in lieu of termination, shall be reported to the OCPO unless the OCPO conducted the investigation and is working in conjunction with OCJDC. Because all allegations of sexual abuse and sexual harassment are reported to the NJ Division of Child Protection and Permanency-Institutional Abuse Investigations Units (DCP&P-IAIU)by procedural requirement, there would be a necessary discussion of the staff disciplinary outcome between the facility administration and DCP&P-IAIU.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets all elements of the standard provision. Facility PREA Policy Chapter 16.1H6 requires that any contractor who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly determined not to be criminal. OCJDC and the Ocean County Prosecutor's Office would be working together on such an allegation as the Prosecutor's Office would conduct any investigation into an incident of sexual abuse that was not unfounded. There were no incidents of sexual abuse involving a contractor or volunteer at the OCJDC in the past 12 months. The facility is also licensed by the New Jersey Juvenile Justice Commission (JJC) and facility procedures require the JJC be advised of any violations of sexual abuse and sexual harassment policies by anyone. (b)The facility meets both elements of the standard provision. Facility PREA Policy 16.1H6 requires that in the case of any other violation of facility sexual abuse or sexual harassment policies, the facility shall consider whether to prohibit that contractor or volunteer from further contact with OCJDC residents. Interview with the Director indicated they would be very conservative in permitting further contact in such a case.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets all elements of the standard provision. Facility PREA Procedure Chapter 7.3a(7) directs that a resident may be subject to disciplinary sanctions only pursuant to the facility's formal disciplinary process and following an administrative finding that the resident engaged in resident-ob-resident sexual abuse or following a criminal finding of guilt for resident-on resident sexual abuse. In the past 12 months, there were no administrative or criminal findings of resident-on-resident sexual abuse at OCJDC. There were no disciplinary sanctions imposed on residents at OCJDC for resident-on-resident sexual abuse in the past 12 months. (b)The facility meets all elements of the standard provision. Procedure 7.3a(7) requires that any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. OCJDC does not regularly employ isolation for disciplinary purposes unless the resident is physically uncontrolled and aggressive. New Jersey Juvenile Justice Commission regulations require residents in isolation for aggressive behaviors be re-assessed every four hours and released when they present as calm. Residents separated from other residents for safety reasons may be placed on one-to-one supervision, but still receive school, medical, mental health and counseling services, large muscle exercise and program activities. (c)The facility meets the standard provision. Procedure 7.3a(7) requires that the facility consider a resident's mental disabilities or mental illness when determining what type of sanction, if any, should be imposed. The Director of Social Services stated that the Social Service Department would be consulted and would weigh-in under these circumstances. (d)The facility meets all elements of the standard provision. Procedure 7.3a(7) provides that the offending resident should be offered therapy, counseling and other interventions to address the underlying motivations for the abuse. Residents are currently offered these services , but participation is not as a condition of access to any rewards-based behavior management system or other behavior-based incentives. The Auditor recommends consideration of utilizing these incentives to engage resistant residents requiring treatment services. (e)The facility meets the standard provision. Procedure 7.3a(7) provides for the discipline of a resident for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. Sexual contact with residents by staff is prohibited at OCJDC. (f)The facility meets the standard provision. Procedure 7.3a(7)provides that for disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the behavior occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence to substantiate the allegation. OCJDC utilizes administrative investigators with both the training and social services background to make this determination. (g)The facility meets both elements of the standard provision. OCJDC prohibits all sexual activity and conduct between residents and advises residents of this rule in the Resident Handbook. The Auditor had the opportunity to review the Resident Handbook. Therefore, sexual activity may result in disciplinary action being brought against both residents but will not rise to the level of sexual abuse if there was no coercion involved in the activity.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	(a)The facility exceeds all elements of the standard provision. The standard provision requires that any resident who discloses prior sexual victimization shall be offered a meeting with a medical or mental health practitioner within 14 days. Facility Procedure Chapter 13.11 provides follow-up for all residents with a RN nurse within 24 hours and with a physician within 72 hours. During these screening appointments, residents receive a treatment plan and follow-up to address all presenting medical issues, even if some issues are addressed by the residents family medical care practitioners. Mental health services are also addressed well before the 14 day requirement in order to prevent potential sexually abusive behaviors within the facility. The facility's proactive medical and mental health services exceed the requirements for this standard. (b)The facility meets all elements of the standard provision. Facility Policy Chapter 13.21 provides that residents who have previously perpetrated sexual abuse, either in an institutional setting or in the community, shall have a meeting with a mental health practitioner within 14 days. OCJDC provided this service to 100% of residents requiring it within the past 12 months. (c)The facility meets both elements of the standard provision. Facility Policy Chapter 13.11 requires that any sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioner and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, work, education and program assignments, or as otherwise required by Federal, State and local law. OCJDC operates on a strict "Need to Know" policy and this practice was confirmed through interviews with the Chief of Custody, the Director of Social Services , and the Medical Unit Supervisor. (d)The facility meets the standard provision. There are residents at OCJDC who are 18 years of age or older and the Medical and Social Services Departments execute informed consents with these residents as required by law. This practice was verified by interviews with the Medical Unit Supervisor and the Director of Social Services.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The facility meets all elements of the standard provision. Resident victims of sexual abuse receive immediate access to emergency medical treatment and crisis intervention services as provided for by Facility Policy Chapters 13.11 and 13.21. Medical services are triaged by on-duty nursing staff or first responders during off-duty hours. Necessary emergency medical treatment is accomplished by transport to Community Medical Center Medical Center Emergency Room in Tom River, New Jersey. Crisis intervention services are provided by the Ocean County Prosecutor's Office-Sexual Assault Response Team and The St. Francis Counseling Center Rape Crisis advocates. (b)The facility meets both elements of the standard provision. If no medical or social services staff are on duty at the time of the incident, security staff and on-call administrative staff shall direct first responders to follow facility protocols. First Responders in Ocean County are well-versed with the Ocean County Prosecutor's Office-Sexual Assault Response Team protocols. This information was verified through the Auditor's telephone interview with the Sergeant from the Ocean County Prosecutor's Office Special Victim's Unit. (c-d)The facility meets both standard provisions. Facility Policy Chapter 13.21 provides that resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. These services are provided without cost to the victim. These services were verified through the Auditor's interview with the Medical Unit Supervisor.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets the standard provision. Facility Policy Chapter 13.21 requires that the facility offer medical treatment and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse at OCJDC. This treatment was confirmed by interviews with the Medical Unit Supervisor and the Director of Social Services. (b)The facility meets the standard provision. Policy Chapter 13.21 requires that the evaluation and treatment of such victims shall include, as appropriate, follow-up services treatment plane, and when necessary, referrals for continued care following their transfer to, placement in, other facilities, or their release from custody. These services are coordinated by the Medical Unit Supervisor with St. Francis Counselling Center. (c)The facility meets the standard provision. The Medical Unit Supervisor confirmed that the medical and mental health services provided to the victim are consistent with the community level of care. (d)The facility meets the standard provision. Policy Chapter 13.21 requires that resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The availability of this service was confirmed by the Medical Unit Supervisor. (e)The facility meets the standard provision. Policy Chapter 13.21 requires that should pregnancy result from the conduct specified in standard provision (d), victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy services. The availability of these services to sexual abuse victims at OCJDC was confirmed by the Medical Unit Supervisor. (f)The facility meets the standard provision. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. This service was confirmed by the Medical Unit Supervisor. (g)The facility meets the standard provision. treatment services shall be provided to the victim without costs and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. These services being provided as described by the standard provision were confirmed by the Auditor's interview with the Director. (h)The facility meets the standard provision. Facility Policy Chapter 3.21 requires that the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days or learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The practice of this standard provision was confirmed through interview with the Director of Social Services.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets the standard provision by substantial compliance. The Auditor's review of sexual abuse and sexual harassment allegation investigations since the last PREA Compliance Audit was completed in 2016 showed Review Team Reviews for all but one incident. That incident was the most recent, involved an unsubstantiated finding of sexual harassment. The review was completed upon the Auditor's notification to the PREA Coordinator during the on-site audit. The Superintendent was also notified of this lapse and was pro-active in ensuring it was immediately corrected. Recommendation: The PREA Coordinator should create an Excel spreadsheet with columns illustrating each phase of a Sexual Abuse Sexual Harassment Incidents Investigation and Review. A weekly review of this spreadsheet by the PREA Coordinator will eliminate any possibility of overlooking their responsibilities in response to an allegation. (b)The facility meets the standard provision by substantial compliance. Only the incident referenced in Standard Provision (a) was not reviewed within 30 days as required by this standard provision. (c-d)The facility meets the standard provision. Facility PREA Policy 16.2 requires the Review Team shall include upper-level management officials, with input fro supervisors, investigators, ad medical or mental health practitioners. The Review Team shall: 1)Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2)Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by group dynamics at the facility; 3)Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4)Assess the adequacy of staffing levels in that area during different shifts; 5)Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6)Prepare a report of its findings, including, but not necessarily limited to determinations made pursuant to the five factors listed above and recommendations for improvement and submit such report to the Director and PREA Coordinator. (e)The facility meets the standard provision. The Director expressed their desire on several occasions during the on-site audit to implement improvements to the facility which enhance the sexual safety of residents and staff. This commitment was witnessed by the Auditor in several areas of the on-site audit including staff training, resident screening and staff's prompt response to allegations of sexual abuse/sexual harassment.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets the standard provision. Facility PREA Policy Chapter 16.2 requires that the facility collect accurate uniform data for every allegation of sexual abuse at the facility using a standard instrument and set of definitions. OCJDC utilizes the Department of Justice Survey of Sexual Violence. The Auditor was able to view the facility's annual report based on this survey report on the facility's public website for 2018. (b)The facility meets the standard provision. The facility aggregates this data annually and the Auditor was able to review it. (c)The facility meets the standard provision. Facility PREA Policy 16.2 requires that the incident -based data collected shall include, at a minimum, the data necessary to include all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. (d)The facility meets the standard provision. Facility PREA Policy 16.2 requires that the facility shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. the Auditor was able to review these reports and files and discovered the missing incident review from this calendar year. (e)This standard provision is not applicable as OCJDC does not contract with any private facilities to old its residents. (f)This standard provision is not applicable as OCJDC does not contract with any private facilities to hold its residents.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets the standard provision. The facility conducted its annual PREA Data Review Meeting on February 5, 2009. Those present at the meeting were the Director, the Chief of Custody, and the PREA Coordinator. The Committee reviewed data collected and aggregated pursuant to standard 115.187 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices, and training , including: 1)Identifying problem areas; 2)Taking corrective action on an ongoing basis; and 3)Preparing annual report of its findings and corrective action for the facility. (b)The facility did not meet the standard provision. Upon review of the facility's annual PREA report for 2018, the Auditor determined that the facility had not posted the comparison of its 2018 data to the 2017 data on its website, as required by the standard provision. Corrective Action is required. Corrective Action: The facility shall amend its PREA Data report for 2018 and shall post the amended report as amended on its public website. This Corrective Action was completed during the Audit Review period. (c)The facility meets the standard provision. OCJDC's public report has had all identifiers removed as required by the standard provision. (d)The facility did not meet the standard provision. In OCJDC's pubic PREA Data Report, the facility does not indicate what data, if any, was redacted from the report to eliminate any identifiers. Corrective Action is required. Corrective Action: The facility shall note on its public website what identifers were redacted, if any. This Corrective Action was completed during the Audit review period.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets the standard provision. Facility PREA Policy 6.2 requires that the facility shall ensure that the data collected under 115.187 is securely retained. Interview with the PREA Coordinator and the review of PREA investigation files confirms this practice (b)The facility meets the standard provision. A review of the facility's website by the Auditor reviews that all aggregated sexual abuse data from the facility was made available to the public for 2018. (c)The facility meets the standard provision. The facility removes all personal identifiers from aggregate data being placed on the facility website. The Auditor ws able to confirm this by checking the website. (d)The facility meets the standard provision. Facility PREA Policy 6.2 requires that the facility maintain all data collected pursuant to 115.187 for at least 10 years of its initial collection, unless Federal, State or local law requires otherwise. This practice was confirmed by the PREA Coordinator.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a)The facility meets the standard provision. OCJDC was audited during the first three year period and the Audit report was released on June 26, 2016. This audit meets the mandate for the second three-year period. (b)The agency meets the standard provision. Ocean County Department of Youth Services only operates one secure facility, the OCJDC. (h)The facility meets the standard provision. The Auditor had access to, and the ability to observe, all areas of the audited facility. (i)The facility meets the standard provision. The Auditor was able to request and receive all required documents, including electronic files. (m)The facility meets the standard provision. The Auditor was able to privately interview residents chosen by the Auditor.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility meets the standard. Ocean County operates a single secure facility: the Ocean County Juvenile Detention Center. The facility has its prior PREA Compliance Report, from the first PREA compliance cycle, posted on its public website as required by the standard 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 staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: 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 functions of the facility? (N/A for non-secure facilities)	yes

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)	na

115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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	yes

	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?	
	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 communication with residents who are deaf or hard of hearing?	yes
	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	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	

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 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 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 maintained by the State or locality in which the employee would work?	yes
	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.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

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 (e)	Evidence protocol and forensic medical examinations	
	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 not 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
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	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 have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

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 video regarding: Agency policies and procedures for responding to such incidents?	yes

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 investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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).)	yes

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?	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 to preserve physical evidence of sexual abuse?	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 to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?	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?	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.)	no

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?	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?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes

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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	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	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes

115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

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 (a)	Resident reporting	
	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.	no

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 standard.)	yes
	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 (f)	Exhaustion of administrative remedies	
	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 numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	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).)	yes
	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).)	yes

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 criminal referred for prosecution?	yes

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 responsible for conducting administrative and criminal investigations.)	yes

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 within the facility?	yes

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 (c)	Interventions and disciplinary sanctions for residents	
	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?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

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.)	na

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 the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

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 medical and mental health practitioners?	yes

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 § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

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 investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	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 addressing sexual abuse?	yes

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? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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 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.)	yes