

PREA Facility Audit Report: Final

Name of Facility: Ocean County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: 01/15/2023

Date Final Report Submitted: 05/07/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Matthew A. Burns	Date of Signature: 05/07/ 2023

AUDITOR INFORMATION	
Auditor name:	Burns, Matthew
Email:	preaauditor2015@gmail.com
Start Date of On-Site Audit:	12/12/2022
End Date of On-Site Audit:	12/13/2022

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

Primary Contact	
Name:	Edward J. Turnbach III
Email Address:	Eturnbach@co.ocean.nj.us
Telephone Number:	732 288 7780

Superintendent/Director/Administrator	
Name:	Jon Carman
Email Address:	Jcarman@co.ocean.nj.us
Telephone Number:	7322887717

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

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

Facility Characteristics	
Designed facility capacity:	47
Current population of facility:	12
Average daily population for the past 12 months:	14
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Both females and males
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:	44
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	Jon Carman
Email Address:	Jcarman@co.ocean.nj.us
Telephone Number:	7322887717

Agency-Wide PREA Coordinator Information

Name:	Edward Turnbach	Email Address:	eturnbach@co.ocean.nj.us
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

1

- 115.364 - Staff first responder duties

Number of standards met:

42

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-12-12
2. End date of the onsite portion of the audit:	2022-12-13

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	This auditor was able to interview a representative from St. Francis Counseling Services. St. Francis Counseling Services provides advocacy services to any resident victims of sexual abuse at OCJDC. The facility has a signed Memorandum of Understanding with this agency.

AUDITED FACILITY INFORMATION

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

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	11
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>There were 11 residents residing in the facility during the on-site portion of this audit. This auditor reviewed resident files, interviewed the Agency PREA Coordinator, residents, and staff during the on-site portion of this audit. This auditor was able to interview three targeted residents during the on-site portion of this audit (two residents who were diagnosed with a cognitive disability and one resident who identified as lesbian, gay, or bisexual). There were no residents residing at the facility who met the other sampling areas to interview.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>48</p>

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	<p>There were 48 staff employed at this facility as of the first day of this audit. 36 of those staff are permitted to have contact with the residents. In addition, there were two contracted staff approved to enter the facility and have contact with residents as of the first day of this audit (December 12, 2022). Contracted staff approved to enter this facility as of the first day of this audit included a Dentist and a Physician. There were no volunteers approved to enter this facility as of the first day of this audit.</p>
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	11

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input checked="" type="checkbox"/> None</p>
<p>If "None," explain:</p>	<p>There were only 11 residents residing at this facility during the on-site portion of this audit; as a result, this auditor was not able to randomly select residents to interview. All 11 residents who were residing at this facility were interviewed by this auditor.</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>There were 11 residents residing at this facility during the on-site portion of this audit. All 11 residents were interviewed by this auditor.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>There were 11 residents residing at this facility during the on-site portion of this audit. All 11 residents were interviewed by this auditor.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>3</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Agency PREA Coordinator, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at th facility who had a physical disability to interview.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Agency PREA Coordinator, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who were Blind or had low vision to interview.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Agency PREA Coordinator, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who were Deaf or hard-of-hearing to interview.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Agency PREA Coordinator, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who were Limited English Proficient to interview.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Agency PREA Coordinator, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who identified as transgender or intersex to interview.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There was one allegation of sexual harassment at this facility during the past 12 months. The resident who made this allegation was no longer residing at this facility. Therefore, there were no residents residing at this facility who reported sexual abuse to interview.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Agency PREA Coordinator, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who had disclosed prior sexual victimization during the risk screening to interview.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents residing at this facility who were ever placed in segregated housing/isolation for risk of sexual victimization due to isolation being prohibited at this facility. During the tour of this facility, this auditor did not view any areas a resident can be isolated.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>This auditor was able to interview three targeted residents (two residents who were diagnosed with a cognitive disability and one resident who identified as lesbian, gay, or bisexual). There were no residents residing at this facility who met the other sampling areas to interview. This was confirmed by interviewing the Agency PREA Coordinator, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster to confirm there were no other residents residing at this facility who met the other sampling areas to interview.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>This auditor interviewed 12 randomly selected staff during the on-site portion of this audit. The experience of the staff interviewed ranged from 1 month to 22 years. Staff from all three shifts were interviewed (six staff from first shift, four staff from second shift, and two staff from third shift). All staff interviewed had regular contact with the residents.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>16</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>This auditor interviewed the Agency Head, Agency PREA Coordinator, Chief of Custody, one investigative staff responsible for conducting administrative investigations, two Social Workers who conduct risk assessments, two intake staff, two administrative staff who complete Unannounced Rounds, one medical practitioner, two staff who monitor retaliation, two members of the Sexual Abuse Incident Review Team, and a representative from Human Resources.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the first day of the on-site portion of the audit (12/12/2022), this auditor completed a detailed tour of the facility which took approximately one hour and 30 minutes. This auditor was accompanied by the Agency PREA Coordinator and Chief of Custody during the tour. All areas of the facility that residents have access to were toured. During the tour, this auditor noticed numerous PREA audit notices and a wide variety of attractive zero-tolerance posters posted throughout the facility, including in the lobby, living units, on bulletin boards in common areas throughout the facility, and dining area. The zero-tolerance posters were printed in both English and Spanish and contained both toll-free telephone numbers and addresses to the St. Francis Rape Crisis 24-hour Hotline, New Jersey Coalition Against Sexual Assault Hotline, Rape, Abuse, and Incest National Network Hotline, and the New Jersey Institutional Abuse Investigation Unit Hotline.</p>

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<p>This auditor reviewed ten resident files from the past 12 months for documentation verifying PREA education and risk assessments were completed. This auditor also reviewed ten direct care staff personnel files to confirm background checks were completed and to confirm all PREA trainings were completed as noted in OCJDC policies. This auditor requested and was provided training records/certificates for all specialized staff (medical practitioners) employed at the facility.</p> <p>In regard to contractors, this auditor reviewed all contractor files to confirm each contractor approved to enter the facility had a background check completed. This auditor also reviewed signed acknowledgement forms to confirm contractors and volunteers received PREA education prior to having contact with any residents in the facility.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	1	0	0
Total	0	1	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no allegations of sexual abuse at this facility during the past 12 months.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
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<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There was one allegation of staff-on-resident sexual harassment during the past 12 months at this facility. An investigation was completed by an facility investigator and this allegation was determined to be Unfounded.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • 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	
<p>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.</p>	

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The Ocean County Juvenile Detention Center (OCJDC) has a zero-tolerance policy (OCJDC PREA Policy) concerning sexual abuse and sexual harassment of OCJDC residents and is committed to the prevention and elimination of sexual abuse and sexual harassment within the facility through compliance with the Prison Rape Elimination Act of 2003. OCJDC is committed to the equal opportunity to participate in and benefit from all aspects of the facility’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. Violations of this policy may result in disciplinary sanctions for staff and resident perpetrators and/or criminal prosecution as authorities deem appropriate. This policy contains the necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual abuse and sexual harassment and forms the foundation for the facility’s training efforts with residents, staff, volunteers, and contractors.</p> <p>(b) OCJDC PREA Policy states “OCJDC shall designate a PREA Coordinator and allow that person sufficient time to develop, implement, and oversee facility efforts to comply with all PREA standards.”</p>

	<p>OCJDC has a designated Agency PREA Coordinator, and he has direct access to the Agency Head. His official title is Training Coordinator and Agency PREA Coordinator. The facility Organizational Chart was reviewed by this auditor and confirmed the Agency PREA Coordinator’s position and noted he has direct access to the Agency Head for PREA related issues (Organizational Chart was revised on April 20, 2022). He is knowledgeable of the PREA standards, and he stated he is committed to PREA and in implementing PREA at OCJDC. The Agency PREA Coordinator also reported that he has the support needed and sufficient time to develop, implement, and oversee OCJDC’s efforts towards PREA compliance and to fulfill his PREA responsibilities. He stated that this was the second PREA audit that he has overseen as the Agency PREA Coordinator at OCJDC. The Agency PREA Coordinator was interviewed by this auditor on December 12, 2022.</p> <p>(c) OCJDC does not have a PREA Compliance Manager as this is a stand-alone facility. All PREA related issues are handed by the Agency PREA Coordinator.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. OCJDC Organizational Chart 3. OCJDC Organizational Chart (Revised April 20, 2022) 4. OCJDC PREA Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a - b) OCJDC PREA Policy states “In the event that OCJDC finds it necessary to contract for the confinement of any of its residents with any other entity, including other government agencies, those entities shall be obligated to adopt and comply with the PREA standards.” In addition, this policy also states, “Any new contract or contract renewal shall provide for department contract monitoring to ensure that the contractor is complying with the PREA standards.”</p> <p>OCJDC does not contract for the confinement of its residents with other private agencies/entities. This was confirmed during interviews with the Agency Head, Agency PREA Coordinator, and Chief of Custody. As a result of OCJDC not contracting for the confinement of its residents with other agencies/entities, there were no contracts for this auditor to review.</p>

	<p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency Head 2. Interview with Agency PREA Coordinator 3. Interview with Chief of Custody
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCJDC PREA Policy states “OCJDC shall develop, implement, and document a staffing plan that takes into consideration and provides for:</p> <ol style="list-style-type: none"> 1. Generally accepted juvenile detention and correctional/secure residential practices; 2. Position statement of the National Partnership for Juvenile Services suggesting that the optimal ratio of staff to resident juveniles should be 1:8; 3. Any judicial findings of inadequacy; 4. Any inadequacy findings from federal investigative agencies; 5. Any inadequacy findings from internal or external oversight bodies; 6. All components of the facility’s physical design (including blind spots or areas where staff or residents may be isolated); 7. The composition of the resident population; 8. The number and placement of supervisory staff; 9. Institution programs occurring on a particular shift; 10. All applicable State or local laws, regulations or standards; 11. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; 12. Any other relevant factors.” <p>There were 11 residents residing at OCJDC during the first day of this audit (three residents in A Unit, four residents in B Unit, and four residents in the Classification Unit). The average daily population at the facility during the past 12 months has been 12 residents.</p> <p>The Staffing Plan at OCJDC also addresses the facility staffing plan and staffing requirements. This plan is reviewed on an annual basis and was reviewed on January 31, 2022. The facility is currently budgeted for 32 direct care staff; 30 of</p>

those positions are currently filled and 2 of those positions are currently vacant.

OCJDC is equipped with 62 video surveillance cameras (49 indoor cameras and 13 outdoor cameras). There is a total of six monitors in the Central Control Center which allows the cameras to be manned around the clock by staff assigned to the Central Control Center. In addition, the Superintendent, Chief of Custody, and a supervisor have access to the video surveillance system on the computer in their offices/work areas that can be viewed and/or reviewed at any point during the day. Video from all major incidents is reviewed by the Superintendent and Chief of Custody and retained. It was noted during an interview with the Chief of Custody that random video surveillance is reviewed on a regular basis by the administrative team at OCJDC.

(b) OCJDC PREA Policy states “OCJDC shall comply with this staffing plan except in limited and discreet exigent circumstances and shall fully document deviations from the plan during such circumstances.”

The Chief of Custody reported that there have been no deviations from the staffing plan during the past 12 months. He also reported that in the event administrative staff at OCJDC feel staffing ratios cannot be maintained during an upcoming shift, staff are offered and paid overtime to meet the ratios. An interview with the Chief of Custody revealed that staffing is monitored shift to shift by the supervisors on shift and that adjustments are made as needed to ensure the ratios are met. Staff schedules and resident rosters were also reviewed by this auditor and confirmed the facility is meeting minimum ratios daily.

(c) The OCJDC Staffing Plan states the facility runs at a minimum of 1:6 staff to resident ratio during first shift (7:00am to 3:00pm) and second shift (3:00pm to 11:00pm) and a minimum of 1:12 staff to resident ratio during third shift (11:00pm to 7:00am). It was confirmed by this auditor after reviewing population reports for the past 12 months, staff schedules, and observations made during the tour of the facility that these ratios are being met on a regular basis at the facility. During the on-site portion of this audit, there were a total of 11 residents residing at the facility (three residents in A Unit, four residents in B Unit, and four residents in the Classification Unit). There was a minimum of two staff assigned to each living unit during each shift to ensure proper supervision of the residents.

In addition to the OCJDC Staffing Plan noting resident to staff ratios, the New Jersey Juvenile Justice Commission requires each residential/detention center to meet minimum resident to staff ratios of 1:8 during waking hours and 1:16 during sleeping hours. The New Jersey Juvenile Justice Commission oversees regulations in all residential/detention centers in the state of New Jersey.

(d) OCJDC PREA Policy states “Whenever necessary, but not less frequently than once each year, in consultation with the PREA Coordinator, the OCJDC shall assess, determine, and document whether adjustments are needed to:

1. The staffing plan.

2. Prevailing staffing patterns.
3. The facility's deployment of video monitoring systems and other monitoring technologies.
4. The resources the OCJDC has available to commit to ensure adherence to the staffing plan.

In the event that changes or upgrades to staffing plans or staffing patterns are needed, an evaluation of how the change or upgrade will impact the ability of the staff to protect resident juveniles from sexual abuse will be included during the planning stages.”

A review of the OCJDC Staffing Plan confirmed this plan is reviewed on an annual basis and was reviewed on January 31, 2022. The Staffing Plan is reviewed by the Agency PREA Coordinator, Superintendent, and Chief of Administrative Services. This auditor was forwarded documentation confirming the Staffing Plan was reviewed by the above-mentioned administrative staff at OCJDC.

(e) OCJDC PREA Policy states “OCJDC shall implement a policy and practice of having intermediate and higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment.”

Unannounced Rounds are conducted by the Superintendent, Director of Social Work Services, and Chief of Custody at OCJDC. Unannounced Rounds are conducted during waking hours and sleeping hours monthly. The Director of Social Work Services and Chief of Custody were interviewed, and they were able to discuss how they conduct Unannounced Rounds, ensure minimum ratios are being met, and their inspections of the facility are completed. They both stated they obtain a radio from the Central Control Center, review video surveillance footage, monitor radio transmissions, and notify staff in the living units they visit not to notify other staff in the facility that Unannounced Rounds are being conducted. They both discussed how they make sure the rounds are random by selecting different times of the day/ night and days of the week each month.

This auditor was provided with a list of dates noting that Unannounced Rounds were completed at OCJDC during the past 12 months. This list noted dates that Unannounced Rounds were completed at the facility but there was no other documentation confirming the Unannounced Rounds were being completed on the dates noted on the list. This will be addressed during the Corrective Action period.

Corrective Action:

OCJDC will ensure the practice of having intermediate-level or higher-level supervisors conducting Unannounced Rounds to identify and deter staff sexual abuse and sexual harassment continues and is documented. These Unannounced Rounds will be conducted during waking hours and sleeping hours. OCJDC will create a form that documents the Unannounced Rounds are conducted by having the intermediate-level or higher-level supervisors sign and document notes on the form

	<p>each time they conduct Unannounced Rounds at OCJDC.</p> <p>This practice will be monitored for 120 days. OCJDC will forward all completed Unannounced Rounds logs to this auditor for review monthly to confirm compliance.</p> <p>Resolution:</p> <p>During the Corrective Action period, OCJDC was able to develop a form to document Unannounced Rounds are completed at the facility. All Unannounced Rounds are now documented on an Unannounced Rounds Tracking Form. OCJDC conducted Unannounced Rounds three times per month (once during each shift) during the Corrective Action period. Unannounced Rounds were conducted by the Chief of Custody. This auditor requested and received the completed Unannounced Rounds Tracking Forms from the months of January 2023, February 2023, March 2023, and April 2023 to confirm Unannounced Rounds were being completed by an intermediate-level or higher-level supervisor.</p> <p>OCJDC is now in compliance with this standard.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. OCJDC Staffing Schedules 3. OCJDC Resident Roster 4. OCJDC Staffing Plan 5. Staffing Plan Review (January 31, 2022) 6. Unannounced Rounds Tracking Form Template 7. Completed Unannounced Rounds Tracking Forms (January 2023, February 2023, March 2023, and April 2023) 8. Locations of Video Surveillance Cameras (inside and outside of the facility) 9. Tour of Facility <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Chief of Custody 3. Interviews with Administrative Staff who complete Unannounced Rounds 4. Random Staff Interviews from all 3 Tours
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) OCJDC PREA Policy states “OCJDC shall conduct no cross-gender body cavity searches except when performed by medical practitioners.”

Staff and resident interviews supported that cross-gender strip searches and cross-gender pat searches are prohibited and do not occur at OCJDC except in exigent circumstances. All staff interviewed were able to describe what an exigent circumstance would be. During the past 12 months, there have been no cross-gender strip searches or cross-gender visual body cavity searches of residents performed by medical staff or non-medical staff at OCJDC.

(b) OCJDC PREA Policy states “OCJDC shall conduct no cross-gender pat down searches except in exigent circumstances.”

Interviews with the Agency PREA Coordinator, Chief of Custody, medical staff, staff, and residents confirmed there have been no cross-gender pat searches of residents during the past 12 months at OCJDC. Staff interviewed understood what an exigent circumstance would be and that this is the only time they would be permitted to conduct a cross-gender pat search.

(c) OCJDC PREA Policy states “OCJDC shall document and justify all cross-gender strip searches, cross-gender body cavity searches, and cross-gender pat down searches.”

Staff interviewed reported in the event they would have to conduct a cross-gender pat search, they would notify the supervisor on shift and document the search by writing an Incident Report. The Incident Report would detail the search performed on the resident. Interviews with the Agency PREA Coordinator, Chief of Custody, staff, and residents confirmed there have been no cross-gender pat searches conducted at OCJDC during the past 12 months.

(d) OCJDC PREA Policy states “OCJDC shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite sex to announce their presence when entering a residential housing unit.”

All residents and staff interviewed confirmed this policy is followed as only female staff are permitted to supervise showers/bathroom call when female residents are showering, and only male staff are permitted to supervise showers/bathroom call when male residents are showering. All residents shower in showers with a shower curtain and all bathroom stalls have a privacy door. There are no cameras in the resident’s bedrooms or bathrooms. Male staff announce their presence upon entering the living units with female residents residing in them by stating “male on deck” and female staff announce their presence upon entering living units with male residents residing in them by stating “female on deck” loud enough for the residents to hear. Signs are posted outside of the entrance of each living unit informing opposite gender staff to announce their presence upon entering the living unit. Interviews with staff and residents confirmed that both male staff and female

staff announce their presence upon entering living units housing residents of the opposite gender as required by announcing “male on deck” or “female on deck” loud enough for residents to hear.

(e) OCJDC PREA Policy states “OCJDC shall not search or physical examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined during conversations with the resident, by viewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.”

Staff interviewed understood that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Staff interviewed stated that if a resident’s genital status is unknown, they would attempt to determine the genital status by having conversations with the resident and reviewing the case history of the resident. There were no transgender or intersex residents admitted to OCJDC during the past 12 months.

According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches during the past 12 months. This was confirmed during interviews with the Agency PREA Coordinator, Chief of Custody, staff, and residents during the on-site portion of this audit.

(f) OCJDC PREA Policy states “OCJDC shall train security staff in how to conduct cross-gender pat down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.”

The staff training curriculum titled “Guidance on Cross Gender and Transgender Pat Searches” includes how to conduct cross gender pat searches and searches of transgender and intersex residents in a professional and respectful manner. All staff at OCJDC are required to complete this training upon hire and on an annual basis. Staff interviewed were able to describe this training and note key points from the training to this auditor during interviews. Training records noting all staff at the facility have completed this training were forwarded to this auditor for review to confirm compliance.

Reviewed documentation to confirm compliance:

1. OCJDC PREA Policy
2. Cross Gender Announcement Posters
3. Guidance on Cross Gender and Transgender Pat Searches Training Curriculum
4. Staff Training Logs
5. Tour of Facility

Interviews:

	<ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Chief of Custody 3. Interview with Medical Staff 4. Random Staff Interviews 5. Resident Interviews
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCJDC PREA Policy states “OCJDC shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.”</p> <p>This auditor interviewed two cognitively disabled residents during the on-site portion of this audit. These residents confirmed their needs are met and an intake staff took the time to explain the material and answer any questions they had, and anytime they do not comprehend something, they know they can seek assistance from a staff, and the staff will take the time to review the material they do not understand to ensure they are able to comprehend that material. During an interview with the Agency PREA Coordinator, he noted any disabled resident residing at OCJDC, receives an equal opportunity to participate in and benefit from all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse. It was noted while reviewing the resident roster and resident files with the Agency PREA Coordinator that two residents residing at the facility during the on-site portion of this audit had a cognitive disability. Both residents were interviewed by this auditor.</p> <p>(b) OCJDC PREA Policy states “OCJDC shall take appropriate steps to ensure that residents who have a limited proficiency in English have an equal opportunity to participate in or benefit from all aspects of the department’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.”</p> <p>The OCJDC Resident Handbook is available to residents in both English and Spanish. Both versions of the Resident Handbook were reviewed by this auditor prior to the on-site portion of this audit. PREA posters are posted in the living units, all common areas, hallways, and the area where family visits take place. These posters are also in both English and Spanish.</p>

Interpreters are also available through Language Link. An interpreter at Language Link can be reached at (877) 737-4999. This auditor was provided an overview of interpretation services that are available to residents who are limited English proficient at OCJDC as well as instructions that instruct supervisors at the facility how to reach an interpreter at Language Link. In addition, bilingual staff employed at the facility assist in interpreting for residents who are limited English proficient.

There were no limited English proficient residents residing at OCJDC during the on-site portion of this audit. Therefore, there were no residents for this auditor to interview.

(c) OCJDC PREA Policy states “OCJDC shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.”

Interviews with staff confirmed that residents are not used as interpreters. In addition, it was confirmed during an interview with the Chief of Custody that there have been no circumstances during the past 12 months at OCJDC where resident interpreters, readers, or other types of resident assistants have been used. All staff interviewed understood there are interpreters and resources available for the residents through Language Link. During the tour of the facility, this auditor noted the telephone number to Language Link is in the Central Control Center.

Reviewed documentation to determine compliance:

1. OCJDC PREA Policy
2. Language Link Pamphlet
3. Resident Handbook (English)
4. Resident Handbook (Spanish)
5. Tour of Facility

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Chief of Custody
3. Random Staff Interviews
4. Interview with Cognitively Disabled Residents

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) OCJDC PREA Policy states “OCJDC will not hire or promote anyone who may have contact with residents and will not enlist the services of a 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 program;
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the aforementioned offenses.”

The practice of conducting background checks for all prospective employees prior to employment and contracted was confirmed during interviews with the Agency PREA Coordinator and Senior Administrative Analyst. The Senior Administrative Analyst is responsible for overseeing background checks for all prospective employees and contracted staff. This auditor reviewed ten randomly selected employee files and the files of two contracted staff to confirm compliance with this standard.

(b) OCJDC PREA Policy states “OCJDC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.”

This practice was confirmed during an interview with the Senior Administrative Analyst at OCJDC as well as a review of ten randomly selected employee files and two contracted staff files. In addition, it was noted that any staff who are hired at OCJDC are not permitted to work with the residents until all background checks are completed.

(c) OCJDC PREA Policy states “Before hiring new employees who may have contact with residents, OCJDC shall:

1. Perform a criminal background records check;
2. Consults any child abuse registry maintained by the State or locality in which the employee would work; and
3. Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.”

During an interview with the Senior Administrative Analyst at OCJDC, she was able to describe the hiring and promotion process in detail to this auditor. It was noted applications for background clearances are filed prior to any employee being offered employment and being able to work at the facility and/or have any contact with the residents. In addition, all prospective employees go through three different background clearances. These background checks include the following: National

Criminal Database, National Federal District Court Criminal Records Check, and New Jersey State Criminal Records Check. Upon receiving these three clearances, copies are placed in the employee personnel file. In addition to obtaining background clearances, previous employment references are also contacted once the background clearances come back from the investigating agencies.

During the past 12 months, there were nine staff hired at OCJDC who may have contact with residents. All randomly selected staff files contained the above-mentioned background information. This process was also confirmed during an interview with the Senior Administrative Analyst at the facility.

(d) OCJDC PREA Policy states "OCJDC shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents."

All contracted staff are to be screened as noted in the above-mentioned policy as they are required to have the same three background checks staff must have completed prior to having contact with the residents at OCJDC. These background checks include the following: National Criminal Database, National Federal District Court Criminal Records Check, and New Jersey State Criminal Records Check.

During the past 12 months, there were two contracted staff approved to enter OCJDC to have contact with the residents. This auditor requested and was provided background checks for both contracted staff approved to enter the facility to confirm compliance with this standard.

(e) OCJDC PREA Policy states "OCJDC shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees."

The Senior Administrative Analyst at OCJDC was able to describe the process of completing background clearances on current employees and contracted staff every five years to ensure the facility is meeting the requirements of this standard. This auditor was able to review ten randomly selected staff personnel files to confirm background checks are being completed when the employee is hired and every five years after the initial background checks are completed. All ten staff personnel files contained the appropriate background checks required in this standard.

(f) OCJDC PREA Policy states "OCJDC shall also ask all applicants and employees who may have contact with residents directly about previous sexual misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. OCJDC shall also impose upon employees a continuing affirmative duty to disclose any such misconduct."

OCJDC requires all applicants and staff seeking a promotion to disclose any misconduct during the application process. Failure to disclose information about previous misconducts shall exclude the applicant from hire and or promotion. This

was confirmed during interviews with the Chief of Custody and Senior Administrative Analyst. In addition, it was noted that all applicants are asked about previous misconduct on the application and during the interview process. Following a staff being hired at OCJDC, they are required to disclose any such misconduct by reporting the misconduct to an administrative staff and/or Human Resources as long as they are employed at the facility.

(g) OCJDC PREA Policy states “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.”

This process noted in the OCJDC PREA Policy was confirmed during an interview with the Senior Administrative Analyst as well as reviewing ten randomly selected employees’ background checks. The Ocean County Department of Juvenile Services employment application allows prospective employees to disclose their criminal history prior to a background check being completed. This auditor was provided with a copy of the Ocean County Department of Juvenile Services employment application to review and confirm compliance. In addition, any staff employed at the facility is required to notify their immediate supervisor of any investigations, warrants, or arrests within 24 hours of any such contact with law enforcement. This was also confirmed during interviews with the Chief of Custody and Senior Administrative Analyst.

(h) OCJDC PREA Policy states “Unless prohibited by law, OCJDC 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.”

An interview with the Senior Administrative Analyst confirmed that when requested, OCJDC does 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.

Reviewed documentation to determine compliance:

1. OCJDC PREA Policy
2. Randomly Selected Staff Background Checks
3. Contracted Staff Background Checks
4. Ocean County Department of Juvenile Services Employment Application

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Chief of Custody
3. Interview with Senior Administrative Analyst (Human Resources)

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>(a) OCJDC PREA Policy states “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the department shall consider the effect of the design, acquisition, expansion, or modification upon the department’s ability to protect residents from sexual abuse.”</p> <p>There has been no expansion or modifications at OCJDC since the last PREA Audit in 2019. During interviews with the Agency Head, Agency PREA Coordinator, and Chief of Custody, it was confirmed that if there are any additional plans for expansion or modifications at the facility, the facility will take into consideration the possible need to increase video monitoring and to further review monitoring technology to protect residents from sexual abuse.</p> <p>(b) OCJDC PREA Policy states “When installing or updating a video monitoring system, or other monitoring technology, the department shall consider how such technology may enhance the department’s ability to protect residents from sexual abuse.”</p> <p>The video surveillance system at OCJDC was installed in 2016. There are currently 62 video surveillance cameras at OCJDC (49 indoor video surveillance cameras and 13 outdoor video surveillance cameras). An interview with the Chief of Custody confirmed the video surveillance system is inspected on a regular basis. The Chief of Custody also stated that there were two video surveillance cameras installed at the facility in 2021. It was also noted during interviews with the Agency PREA Coordinator and Chief of Custody that the administrative team at OCJDC reviews the video surveillance system and the need for additional video surveillance cameras each year when the staffing plan is reviewed.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. OCJDC Staffing Plan 3. Tour of Facility <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency Head 2. Interview with Agency PREA Coordinator 3. Interview with Chief of Custody

<p>115.321</p>	<p>Evidence protocol and forensic medical examinations</p>
	<p>Auditor Overall Determination: Meets Standard</p>

Auditor Discussion

(a) The Ocean County Prosecutor's Office conducts sexual abuse investigations which are criminal in nature in conjunction with the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit. Sexual abuse allegations which are not criminal in nature are investigated by facility investigators. The Agency PREA Coordinator asked the Ocean County Prosecutor's Office to comply with all PREA investigative standards in a formal letter dated October 27, 2022. A representative from the Ocean County Prosecutor's Office was contacted and stated that his agency would investigate any sexual abuse allegation at OCJDC, and all detectives have been trained in a uniform evidence protocol.

There were no allegations of sexual abuse at OCJDC during the past 12 months.

(b) All sexual abuse investigations at OCJDC which are criminal in nature are completed by the Ocean County Prosecutor's Office in conjunction with the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit. This was confirmed during interviews with the Agency PREA Coordinator and a representative from the Ocean County Prosecutor's Office. Sexual abuse allegations at OCJDC which are not criminal in nature are investigated by facility investigators.

(c) The Agency PREA Coordinator stated during an interview that the Ocean County Medical Center is where a resident would be transported for a forensic examination by a SANE in the event of a sexual assault at the facility. OCJDC has a partnership with Ocean County Prosecutor's Office Sexual Assault Response Team (SART). Forensic examinations are provided at Ocean County Medical Center by a SANE who is part of the SART. It is the protocol of the SART that forensic examination shall be performed by the SART SANE whenever they are available. In the absence of a SANE, the forensic examination would be performed by a qualified health professional at the Community Medical Center of Toms River. OCJDC has a signed Memorandum of Understanding with the Community Medical Center of Toms River to provide emergency medical services to victims of sexual abuse at the facility.

A representative from the Ocean County Prosecutor's Office SART was contacted by this auditor and was able to describe and confirm the protocol that would take place in the event a resident who was the victim of alleged sexual abuse at OCJDC.

(d) The Agency PREA Coordinator provided this auditor with a Memorandum of Understanding with St. Francis Counseling Services that states an advocate from St. Francis Counseling Services would be contacted to respond to the Ocean County Medical Center to provide rape crisis counseling, emotional support, and advocacy services to any resident victim of sexual abuse.

A representative from St. Francis Counseling Services was interviewed by this auditor and confirmed an advocate from their agency would respond to the Ocean County Medical Center to provide emotional support and rape crisis counseling to any victim of sexual abuse at OCJDC.

(e) OCJDC has a Memorandum of Understanding with St. Francis Counseling Services

which states an advocate from St. Francis Counseling Services would be contacted to accompany and support the sexual abuse victim through the forensic medical examination process and investigatory interviews. This advocate would also provide emotional support, crisis intervention, information, and referrals. An interview with a representative from St. Francis Counseling Services confirmed an advocate from St. Francis Counseling Services is available to respond to the Ocean County Medical Center 24 hours a day as they have a 24/7 Sexual Violence Hotline to ensure a qualified advocate is always available to provide the services listed in the Memorandum of Understanding.

(f) The Ocean County Prosecutor’s Office conducts sexual abuse investigations in conjunction with the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit. The Agency PREA Coordinator formally asked the Ocean County Prosecutor’s Office to comply with all PREA investigative standards in a formal letter dated October 27, 2022. This auditor was provided with a copy of the formal letter to the Ocean County Prosecutor’s Office to confirm compliance with this standard. An interview with a representative from the Ocean County Prosecutor’s Office confirmed his agency complies with all PREA investigative standards when completing an investigation at OCJDC. Any allegations of sexual abuse which are not criminal in nature are investigated by facility investigators.

Reviewed documentation to determine compliance:

1. OCJDC PREA Policy
2. Formal Letter to the Ocean County Prosecutor’s Office requesting investigations be conducted in compliance within PREA Standards (October 27, 2022)
3. Memorandum of Understanding with Community Medical Center of Toms River
4. Memorandum of Understanding with St. Francis Counseling Services

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Representative from Ocean County Prosecutor’s Office Sexual Abuse Sexual Assault Response Team (SART)
3. Interview with Representative from St. Francis Counseling Services

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) OCJDC notes an investigation must be conducted and documented for any incident of sexual harassment or sexual abuse. All allegations must be reported through the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit and to the Ocean County Prosecutor's Office for investigation.

Interviews with the Agency PREA Coordinator and staff at OCJDC confirmed all allegations are reported to the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit and the Ocean County Prosecutor's Office. Facility investigators investigate all sexual harassment and sexual abuse allegations at the facility which are not criminal in nature while the Ocean County Prosecutor's Office investigates all allegations of sexual harassment and sexual abuse which are criminal in nature at the facility.

During the past 12 months, there was one allegation of staff-on-resident sexual harassment at OCJDC. This allegation was investigated by a facility investigator and was determined to be Unfounded. There were no allegations of sexual abuse at this facility during the past 12 months.

(b) As noted in OCJDC PREA Policy, all allegations of sexual abuse and sexual harassment are referred to the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit and the Ocean County Prosecutor's Office for investigation. If the allegation is not criminal in nature, facility investigators investigate the allegation by conducting an administrative investigation. The Agency PREA Coordinator stated during an open investigation, communication is maintained between OCJDC and the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit and the Ocean County Prosecutor's Office through telephone calls, emails, and on-site visits.

Information regarding the referral of allegations of sexual abuse and sexual harassment for investigation and other PREA related information is posted on the facility website. In addition, this information is sent to the families of the residents when the resident arrives at the facility. PREA related information is also posted at the facility in all common areas and visiting areas and was observed by this auditor during the tour of the facility.

All sexual abuse allegations are referred to the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit Hotline (1-877-NJ-ABUSE) and the Ocean County Prosecutor's Office. All staff interviewed were aware how to report allegations of sexual harassment and sexual abuse. Staff were also aware that criminal investigations are completed by Ocean County Prosecutor's Office in conjunction with the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit and administrative investigations are completed by facility investigators.

(c) The Agency PREA Coordinator has formally asked the Ocean County Prosecutor's Office to comply with the PREA investigative standards. This was requested in a formal letter to the Ocean County Prosecutor's Office requesting investigations be conducted in compliance within the PREA standards. This formal letter was dated

	<p>October 27, 2022, and a copy was provided to this auditor for review.</p> <p>A representative from the Ocean County Prosecutor’s Office was contacted and stated his agency completes thorough investigations on each allegation that is criminal in nature and will send a detailed report to the facility noting their findings and determinations at the completion of each investigation. If the allegation is not criminal in nature, the allegation is investigated by facility investigators and an investigative report is completed at the end of any investigation. This investigative report will document evidence used to make a determination and a determination. The Agency PREA Coordinator noted that following the facility receiving the final report from the Ocean County Prosecutor’s Office or facility investigators indicating an Unsubstantiated or Substantiated finding regarding a sexual abuse investigation, a Sexual Abuse Incident Review is conducted by the Incident Review Team within 30 days of receiving the determination.</p> <p>During the past 12 months, there was one allegation of staff-on-resident sexual harassment at OCJDC. This allegation was investigated by a facility investigator and determined to be Unfounded. There were no allegations of sexual abuse at this facility during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. Formal Letter to the Ocean County Prosecutor’s Office requesting investigations be conducted in compliance within PREA Standards (October 27, 2022) 3. Sexual Abuse Incident Review Template <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Random Staff Interviews 3. Interview with Representative from the Ocean County Prosecutor’s Office
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) All employees at OCJDC receive an initial online training created by the National Institute of Corrections (PREA: Your Role in Responding to Sexual Abuse). They receive this training upon hire as it is part of the initial training curriculum. Staff are required to complete this online training every other year. In addition, staff at OCJDC are required to complete a PREA refresher facilitated by the Ocean County</p>

Prosecutor's Office Sexual Assault Response Team every other year (in years in which they do not complete the NIC training). This training/refresher cover the following topics:

1. Zero-tolerance policy;
2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
3. Residents' right to be free from sexual abuse and sexual harassment;
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
6. The common reactions of juvenile victims of sexual abuse and sexual harassment;
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
8. How to avoid inappropriate relationships with residents;
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
11. Relevant laws regarding the applicable age of consent.

All staff interviewed reported receiving the above-mentioned training/refresher regarding PREA upon hire and on an annual basis. Training logs were reviewed by this auditor and indicated all staff who may have contact with residents at OCJDC completed the training/refresher on an annual basis.

(b) PREA training/refreshers are provided specific to OCJDC annually by the Ocean County Prosecutor's Office Sexual Assault Response Team. OCJDC is a coed facility and houses both male and female residents; therefore, the trainings/refreshers are tailored to a coed population. This auditor reviewed the PREA training/refreshers that all staff are required to participate in at OCJDC. After reviewing these trainings/refreshers, it was confirmed that these trainings are tailored to both male and female residents.

In addition to the above-mentioned trainings, all staff are required to complete a training titled "Communicating Effectively LGBTI Youth" on an annual basis. During the on-site portion of this audit, it was noted that posters are posted throughout the facility to educate both staff and residents on agency PREA policies.

(c) This auditor reviewed training records and confirmed all staff completed the mandatory PREA training(s) on an annual basis. Interviews with staff also confirmed they receive the training offered by the National Institute of Corrections and the refresher provided by the Ocean County Prosecutor's Office Sexual Assault

	<p>Response Team on an annual basis and understood the material that was covered in the trainings/refreshers they received.</p> <p>(d) All staff at OCJDC who successfully complete the NIC PREA training must sign a training log noting they received the annual PREA training. This acknowledgement form notes each staff has received the training, understands the training, and will adhere to the information and requirements covered in the training. This auditor was able to review training logs and confirmed each staff signed an acknowledgement form noting they understood the training they received.</p> <p>Interviews with staff confirmed they are knowledgeable of PREA as they were able to demonstrate their knowledge of PREA, agency policies, and the residents and staff's right to be free from retaliation for reporting allegations of sexual abuse and sexual harassment.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. PREA Training Curriculum 3. Training Logs/Certificates <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff Interviews
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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCJDC PREA Policy states "The OCJDC shall train all volunteers and/or contractors who have contact with residents on their responsibilities for sexual abuse and sexual harassment prevention, detection, and response policies and procedures."</p> <p>OCJDC reported that there are two contracted staff currently approved to enter the facility. During the past 12 months, these two contracted staff have been the only contracted staff approved to enter the facility. Contracted staff approved to enter OCJDC include a physician and a dentist. There are no volunteers currently approved to enter the facility.</p> <p>During an interview with the Agency PREA Coordinator, it was noted that prior to entering the facility, all volunteers and contracted staff are trained on the OCJDC PREA Policy, the importance of maintaining appropriate interactions with the</p>

residents at the facility, and how to report allegations of sexual harassment and sexual abuse. Both contracted staff approved to enter the facility have been trained. There were no contracted staff at OCJDC during the on-site portion of this audit. Therefore, there were no contracted staff for this auditor to interview. Upon request, the Agency PREA Coordinator was able to provide this auditor with signed acknowledgement forms noting the contracted staff were trained on the OCJDC PREA Policy, the importance of maintaining appropriate interactions with residents at the facility, and how to report allegation of sexual harassment and sexual abuse to confirm compliance.

(b) OCJDC PREA Policy states “The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with the residents. All volunteers and contractors who have contact with residents shall be notified of the department’s zero-tolerance policy regarding sexual abuse and sexual harassment and be informed as to how to report such incidents.”

Prior to entering the facility, all contracted staff and volunteers are trained on the OCJDC PREA Policy, the importance of maintaining appropriate interactions with the residents at the facility, and how to report allegations of sexual abuse. All contracted staff and volunteers are also required to sign an acknowledgement form specific to contractors or volunteers noting they received the training.

(c) OCJDC PREA Policy states “All volunteers and contractors shall sign documents stating that they have received training on PREA, the topics of that training, and that they understand such training.”

All contracted staff and volunteers approved to enter OCJDC are required to sign an acknowledgement form noting they have received the training and understood it. OCJDC maintains training records for contracted staff and volunteers who have been approved to enter the facility and have contact with residents. Records are maintained by the Agency PREA Coordinator. The Agency PREA Coordinator was able to explain the process of educating a volunteer/contracted staff prior to them entering the facility to ensure they are aware of the agency zero-tolerance policy, their duty to report, and the importance of appropriate interactions with the residents.

This auditor requested and received signed acknowledgement forms for both contracted staff approved to enter OCJDC. There are no volunteers currently approved to enter this facility.

Reviewed documentation to determine compliance:

1. OCJDC PREA Policy
2. Signed Contracted Staff Acknowledgement Forms

Interviews:

	1. Interview with Agency PREA Coordinator
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCJDC Social Services Case Management Policy states “During the Social Services intake, the resident will be informed in an age-appropriate way, of:</p> <ol style="list-style-type: none"> 1. OCJDC’s zero-tolerance toward any form of sexual assault, sexual abuse, or sexual harassment. 2. How to report incidents, or suspicions, of sexual abuse or sexual harassment. 3. OCJDC’s zero-tolerance policy regarding retaliation for reporting any incident or suspicions of sexual abuse or sexual harassment.” <p>The OCJDC Resident Handbook contains all necessary PREA information (including definitions, an overview of the zero-tolerance policy, ways to report sexual abuse, sexual harassment, and retaliation, and the telephone number to the New Jersey Coalition Against Sexual Assault Hotline). This auditor was able to review a copy of the OCJDC Resident Handbook. All residents receive a copy of this Resident Handbook upon admission. The OCJDC Resident Handbook is available in both English and Spanish. Upon receiving the Resident Handbook at intake, each resident signs an acknowledgement form noting they received the Resident Handbook and reviewed the material in the Resident Handbook with an intake staff.</p> <p>This auditor was able to review ten randomly selected resident’s files to confirm each resident received the OCJDC Resident Handbook and signed an acknowledgement form noting they received this material. Residents interviewed were knowledgeable of PREA and were able to articulate ways they can report sexual harassment and sexual abuse. In addition, all residents interviewed confirmed they received the OCJDC Resident Handbook during their intake.</p> <p>(b) OCJDC PREA Policy states “Within 10 days of intake, OCJDC Social Services staff shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse or sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.”</p> <p>OCJDC reports there were 78 residents admitted into the facility whose stay was ten days or longer during the past 12 months. All residents received comprehensive PREA education within ten days of being admitted into the facility. OCJDC delivers comprehensive PREA education to each resident during their first ten days at the</p>

facility. This comprehensive education is delivered by a Social Worker and is a review of the facility zero tolerance policy, how to report allegations of sexual harassment and sexual abuse, each resident's right to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents, and the telephone number and address to St Francis Counseling Services. It was noted during interviews with the Agency PREA Coordinator and two Social Workers that all residents receive this comprehensive education during a one-on-one session with a Social Worker. This auditor reviewed ten residents' files to confirm all residents received their comprehensive PREA education within ten days of being admitted into the facility. All residents interviewed confirmed they received comprehensive PREA Education within ten days of being admitted into the facility.

(c) Intake staff interviewed reported each resident admitted into OCJDC receives PREA education during the intake process. They were able to describe reviewing the Resident Handbook with each resident (including the information regarding PREA). In addition to providing each resident with the Resident Handbook during intake, a Social Worker completes a comprehensive PREA education session with each resident during the resident's first ten days at the facility and answers any questions they may have. Upon each resident receiving the Resident Handbook at intake and a comprehensive education within 10 days of intake, each resident signs an acknowledgement form. This auditor reviewed ten randomly selected resident's files and all ten resident's files reviewed contained a signed copy of the acknowledgement form noting the resident received PREA education at intake and within 10 days of intake.

All residents interviewed confirmed they received comprehensive PREA education during their first ten days at the facility. They also acknowledged reviewing and receiving the OCJDC Resident Handbook during the intake process.

(d) Interviews with intake staff confirmed all PREA education information is communicated orally and in writing and in a language clearly understood by the resident. Interpreters are also available through Language Link for residents who are limited English proficient.

OCJDC also ensures that key information about PREA is continuously and readily available or visible through posters and the Resident Handbook in both English and Spanish. This auditor was able to confirm this material was available in both English and Spanish during the tour of the facility and by reviewing the Resident Handbook that all residents receive upon intake into the facility.

There were two cognitively disabled residents residing at the facility during the on-site portion of this audit. Both residents were interviewed by this auditor and confirmed all PREA educational materials were explained to them in a language they understood. Both noted the staff at OCJDC took the time to explain all the information one-on-one with them during PREA education sessions to ensure they understood the material. There were no limited English proficient residents residing at the facility during the on-site portion of this audit.

(e) Upon receiving the Resident Handbook at intake, each resident signs an

	<p>acknowledgement form noting they received a copy of the Resident Handbook. OCJDC also maintains documentation noting each resident receives comprehensive PREA education within ten days of intake on an acknowledgement form that the resident signs after receiving the education with a Social Worker at the facility.</p> <p>This auditor was able to review ten randomly selected resident's files to confirm each resident received the Resident Handbook at intake and the comprehensive PREA education within 10 days of intake. Each file reviewed contained the above-noted signed acknowledgement form noting the resident received PREA education at intake and a comprehensive education within 10 days of intake.</p> <p>(f) At intake, all residents receive the OCJDC Resident Handbook. The Resident Handbook includes information about the facility's zero-tolerance policy and reporting information noting ways to report an allegation of sexual abuse or sexual harassment. In addition, there were visible posters (in both English and Spanish) in the hallways, all common areas, visiting areas, and in the living units of the facility that were viewed by this auditor during the tour of the facility. All residents interviewed stated they have been educated on PREA during the intake process and within ten days of intake.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. OCJDC Social Services Case Management Policy 3. Resident Handbook 4. Resident Files 5. Signed Resident Education Acknowledgement Forms 6. PREA Posters 7. Tour of Facility <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interviews with Intake Staff 3. Resident Interviews 4. Interviews with Cognitively Disabled Residents
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The Ocean County Prosecutor's Office is the entity outside of the facility responsible for the investigation of all allegations of sexual abuse and sexual

harassment which are criminal in nature at OCJDC. Allegations which are not criminal in nature are investigated by facility investigators.

The Agency PREA Coordinator has formally asked the Ocean County Prosecutor's Office to comply with PREA investigative standards. This was requested in a formal letter to the Ocean County Prosecutor's Office requesting investigations be conducted in compliance within the PREA standards. This formal letter was dated October 27, 2022, and a copy was provided to this auditor for review.

All investigations of sexual abuse at OCJDC which are not criminal in nature are investigated by facility investigators. There are two staff (the Agency PREA Coordinator and a Social Worker) at the facility who are trained investigators. This auditor was provided with documentation noting both facility investigators completed the National Institution of Corrections investigator training titled "PREA: Investigating Sexual Abuse in a Confinement Setting" to confirm compliance with this standard.

(b) The Ocean County Prosecutor's Office is responsible for the investigation of all allegations of sexual abuse and allegations of sexual harassment which are criminal in nature at OCJDC. A representative from the Ocean County Prosecutor's Office was interviewed by this auditor and stated all investigators have completed various investigative trainings pertaining to the investigation of sexual abuse in a confinement setting. He was able to describe these trainings to this auditor and stated any detective would adhere to the PREA Juvenile Standards when completing an investigation regarding sexual harassment or sexual abuse at OCJDC.

There are currently two trained facility investigators at OCJDC who complete administrative investigations for any allegation of sexual abuse which is not criminal in nature. A facility investigator who completes investigations at the facility was interviewed by this auditor and was able to describe the training received and discussed evidence collection and the criteria and evidence required to substantiate an allegation.

(c) The Ocean County Prosecutor's Office is responsible for the investigation of all allegations of sexual abuse and sexual harassment which are criminal in nature at OCJDC. The Agency PREA Coordinator has formally asked the Ocean County Prosecutor's Office to comply with the PREA investigative standards. This was requested in a formal letter to the Ocean County Prosecutor's Office requesting investigations be conducted in compliance with the PREA standards. This formal letter was dated October 27, 2022. A copy of the formal letter to the Ocean County Prosecutor's Office was provided to this auditor for review.

(d) A representative from the Ocean County Prosecutor's Office was interviewed by this auditor. This representative confirmed all investigators have completed various trainings pertaining to the investigation of sexual abuse in a confinement setting.

In addition, the Agency PREA Coordinator and Chief of Custody were able to confirm any allegations of sexual harassment and sexual abuse which are criminal in nature are referred to the Ocean County Prosecutor's Office for investigation. There were

	<p>no allegations of sexual harassment or sexual abuse at OCJDC referred to the Ocean County Prosecutor’s Office during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Formal Letter to the Ocean County Prosecutor’s Office requesting investigations be conducted in compliance within PREA Standards (October 27, 2022) 2. Facility Investigators Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Chief of Custody 3. Interview with Representative from the Ocean County Prosecutor’s Office 4. Interview with Facility Investigator
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115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a) OCJDC PREA Policy states “OCJDC shall ensure that all full-time and part-time medical and mental health practitioners who work regularly in the facility are trained in:</p> <ol style="list-style-type: none"> 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 to juvenile victims of sexual abuse and sexual harassment; 4. How and to whom to report allegations of sexual abuse and harassment.” <p>There are currently two medical staff employed at OCJDC. Training records reviewed by this auditor confirmed both medical staff at the facility completed the National Institute of Corrections specialized training titled “PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting.” Interviews with a medical staff at OCJDC staff confirmed she received the specialized training and understood the material specific to her job title. This auditor requested and received specialized training certificates of completion noting both medical staff completed the specialized training offered by the National Institute of Corrections.</p> <p>(b) Medical staff at OCJDC do not conduct forensic examinations. In the event of an allegation of sexual abuse with penetration, forensic examinations are conducted at</p>

the Ocean County Medical Center by a SANE. OCJDC has a partnership with Ocean County Prosecutor's Office Sexual Assault Response Team (SART). Forensic examinations are provided at Ocean County Medical Center by a SANE who is part of the SART.

(c) OCJDC PREA Policy states "OCJDC shall maintain documentation that all medical and mental health practitioners have received the training referenced in this policy, whether such training is provided by OCJDC or elsewhere."

This auditor received and reviewed medical staff training records and confirmed both staff completed the specialized training specific to their job title and received a certificate of completion after successfully completing the training. In addition, an interview with a medical staff confirmed she received and understood the specialized training she completed specific to her job title.

(d) OCJDC PREA Policy states "Medical and mental health care practitioners shall receive the training mandated for employees under PREA 115.331, or for contractors and volunteers under PREA 115.332, depending upon the practitioner's status at OCJDC."

A medical staff was interviewed by this auditor and was knowledgeable of the PREA standards and her role regarding sexual abuse and sexual harassment prevention, detection, and response at OCJDC. This auditor was able to review the medical staff training records to confirm both staff received and successfully completed the PREA training through the National Institute of Corrections every other year and refreshers from the Ocean County Prosecutor's Office Sexual Assault Response Team that all staff are required to complete.

Reviewed documentation to determine compliance:

1. OCJDC PREA Policy
2. Medical Staff Specialized Training Certificates
3. PREA Training Curriculum/Training Logs

Interviews:

1. Interview with Medical Staff
2. Interview with Representative from Ocean County Prosecutor's Office Sexual Abuse Sexual Assault Response Team (SART)

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) OCJDC Admission Process Policy states “Within 72 hours of admission, Social Services staff shall interview the new resident, and utilizing a standardized risk assessment instrument, determine if the individual has a history of, or the potential for sexual victimization or to be a sexual victimizer.”

This auditor discussed the Vulnerability Assessment Instrument with the Agency PREA Coordinator and two Social Workers who administer the screening at OCJDC. The Vulnerability Assessment Instrument is completed by a Social Worker within 72 hours of intake. All residents interviewed stated that they were administered the Vulnerability Assessment Instrument within 72 hours of admission. Most residents interviewed stated that they were administered the Vulnerability Assessment by a Social Worker during their first day at the facility.

During the past 12 months, there were 78 residents admitted to OCJDC whose length of stay in the facility was 72 hours or more. All residents admitted into the facility were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of arriving at the facility by being administered the Vulnerability Assessment Instrument. This auditor was able to confirm the Vulnerability Assessment is completed upon intake by interviewing two Social Workers who administer the screening and by reviewing ten randomly selected resident files from the past 12 months.

During interviews with the Agency PREA Coordinator and two Social Workers, it was noted that although residents are screened within 72 hours of intake using the Vulnerability Assessment Instrument, they are not screened periodically throughout their stay at the facility. In addition, the practice of screening residents periodically throughout their stay was not noted in policy. This will be addressed during the Corrective Action period.

Note: OCJDC was able to update the Admission Process Policy prior to the submission of the interim report. This policy now states “residents at OCJDC will be reassessed every 90 days during their stay at the facility using the Vulnerability Assessment Instrument.” A copy of this updated policy was forwarded to this auditor on January 13, 2023, for review to confirm compliance.

(b) The Vulnerability Assessment Instrument is an objective screening assessment used to conduct risk assessments of each resident within 72 hours of admission into the facility. Two Social Workers who administer the Vulnerability Assessment Instrument were interviewed and understood how to administer this screening and were aware of its importance in keeping residents safe from sexual abuse at OCJDC. Both Social Workers were able to describe how this screening is administered within 72 hours of the resident being admitted into the facility.

(c) This auditor was able to review the Vulnerability Assessment Instrument that is used to screen residents at OCJDC and confirmed this screening is objective and captures the following information:

1. Prior sexual victimization or abusiveness;

2. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
3. Current charges and offense history;
4. Age;
5. Level of emotional and cognitive development;
6. Physical size and stature;
7. Mental illness or mental disabilities;
8. Intellectual or developmental disabilities;
9. Physical disabilities;
10. The resident's own perception of vulnerability; and
11. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

(d) Interviews with two Social Workers that administer the Vulnerability Assessment Instrument revealed that a Social Worker interviews each resident within 72 hours of admission (typically during the resident's first day at the facility). The Social Workers interviewed that administer the Vulnerability Assessment Instrument also stated they use any case history notes and behavioral records that are available to them, in addition to the face-to-face interview, when completing the initial screening.

(e) OCJDC Admission Process Policy states "All information contained in a resident's case record is confidential and employees shall not disclose or otherwise share any information concerning the resident or his or her family, directly or indirectly, except in the performance of his or her official duties and as permitted by law."

All completed Vulnerability Assessment Instruments are securely kept in the resident's files. All pertinent necessary information is recorded and communicated to the PREA Coordinator, Chief of Custody, and Lieutenants by the Social Worker who completed the Vulnerability Assessment Instrument for housing assignments or additional supervision purposes. This process ensures sensitive information is not exploited to the resident's detriment by staff or other residents. It was noted that only the Agency PREA Coordinator, administrative staff, and Social Workers have access to a resident's Vulnerability Assessment Instrument.

Interviews with residents confirmed the Vulnerability Assessment Instrument has been completed as noted in the above-mentioned policy as all the residents interviewed stated they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities, or if they were fearful of sexual abuse while at OCJDC. Ten randomly selected resident's files were reviewed for documentation verifying the Vulnerability Assessment Instrument is being completed as per the above-mentioned policy. All resident files reviewed by this auditor had the above-mentioned screening completed within 72 hours of intake.

Corrective Action:

OCJDC will implement the practice of screening residents periodically throughout their confinement (every 90 days), in addition to screening a resident within 72 hours of the resident's arrival at the facility, to obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. This practice will be monitored for 120 days.

Resolution:

During the Corrective Action period, OCJDC was able amend the Admission Process Policy to note "residents at OCJDC will be reassessed every 90 days during their stay at the facility using the Vulnerability Assessment." Both Social Workers at OCJDC were educated on this policy change on January 17, 2023.

OCJDC was able to implement the practice of assuring all residents at the facility are screened periodically throughout their confinement to obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Residents are now reassessed within 90 days of their intake date by being administered the Vulnerability Assessment Instrument by a Social Worker.

This auditor requested and received completed Vulnerability Assessment Instruments for all residents who were reassessed during the Corrective Action period. There was a total of seven residents who were reassessed within 90 days of their intake date. This was confirmed by reviewing the resident roster on a monthly basis. The following is a breakdown of residents who were reassessed by month during the Corrective Action period:

January 2023: Five

February 2023: Zero

March 2023: Two

April 2023 Zero

OCJDC is now in compliance with this standard.

Reviewed documentation to determine compliance:

1. OCJDC PREA Policy
2. OCJDC Admission Process Policy
3. Vulnerability Assessment Instrument
4. Completed Vulnerability Assessment Instruments
5. Review of Residents Files

Interviews:

	<ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interviews with Staff That Perform Screening for Risk of Victimization and Abusiveness 3. Resident Interviews
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCJDC Admission Process Policy states “Upon receiving notice that a resident scores as either a potential sexual victim or victimizer, the Chief of Custody, along with the Supervisor of Social Services shall determine if that resident’s housing assignment is appropriate.”</p> <p>Interviews with the Agency PREA Coordinator, Chief of Custody, and two Social Workers that administer the Vulnerability Assessment Instrument confirmed the Vulnerability Assessment Instrument is completed by a Social Worker within 72 hours of intake (typically during the resident’s first day at the facility) and bedroom, program, education, and work assignments are made accordingly to keep all residents at OCJDC free from sexual abuse and sexual harassment. The Chief of Custody was able to discuss how the Vulnerability Assessment Instrument is used to place all residents in appropriate living units and appropriate bedrooms to ensure residents are kept safe while residing in the facility.</p> <p>A review of completed Vulnerability Assessment Instruments at OCJDC supported this policy. Residents confirmed through interviews that the Vulnerability Assessment Instrument is being administered as per policy. Any residents who are identified as sexually vulnerable or sexually aggressive from the information noted on the Vulnerability Assessment Instrument, have precautions put in place for them and these precautions are communicated to all staff to keep the residents at the facility safe. Precautions for residents at OCJDC who are identified as sexually vulnerable and/or sexually aggressive include increased supervision, appropriate living unit assignment, and appropriate bedroom assignments.</p> <p>(b) Isolation is not utilized at OCJDC. It was documented on the PAQ that there were no residents placed in isolation during the past 12 months at this facility. Interviews with the Agency PREA Coordinator, Chief of Custody, staff, and residents confirmed the facility has not used isolation to protect any residents at risk for sexual victimization during the past 12 months. It was also noted that 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. During the tour of the facility, this auditor did not notice any areas where</p>

a resident could be isolated.

(c) OCJDC Admission Process Policy states “No decision regarding assignment of housing unit, or room assignment, shall be made based solely on the juvenile’s gender identification, or if so discovered, their sexual preference.”

There was one resident who identified as LGBTI residing at the facility during the time of the on-site portion of this audit. This resident was interviewed by this auditor and confirmed he was not placed in a specific living unit or bedroom based solely on his sexual identification. Interviews with the Agency PREA Coordinator and Chief of Custody confirmed that under no circumstance would a resident be placed in a specific living unit or bedroom based solely on their sexual identification. The Chief of Custody stated residents are placed in appropriate living units and bedrooms by using the results from the Vulnerability Assessment Instrument to ensure the safety of all residents at the facility.

(d) OCJDC Admission Process Policy states “In deciding whether to assign a transgender or intersex individual to a specific housing unit, and when making programming assignments, the Chief of Custody in cooperation with the Social Services Supervisor, shall consider whether a particular placement would better ensure the juvenile’s health and safety, and whether the placement would present management or security problems.”

There have been no transgender or intersex residents admitted to OCJDC during the past 12 months. Interviews with the Agency PREA Coordinator and Chief of Custody confirmed a decision on which living unit to place any transgender resident is to be made by administrative staff (including the Agency PREA Coordinator, Superintendent, Chief of Custody, and Director of Social Services) and be in the best interest of the resident’s safety.

(e) OCJDC PREA Policy states “Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.”

There have been no transgender or intersex residents admitted to OCJDC during the past 12 months. Therefore, there were no records for this auditor to review or any residents to interview. Interviews with the Agency PREA Coordinator and Chief of Custody confirmed the facility would ensure placement and programming for any transgender or intersex resident would be reassessed and documented by the resident’s treatment team at least twice a year while the resident is placed at OCJDC.

(f) OCJDC PREA Policy states “A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.”

There were no transgender or intersex residents admitted to OCJDC during the past 12 months. Therefore, there were no records for this auditor to review or any residents to interview. Interviews with the Agency PREA Coordinator and Chief of Custody confirmed the facility would ensure the resident’s views would be given

	<p>serious consideration in the event a transgender or intersex resident would be admitted to OCJDC.</p> <p>(g) OCJDC PREA Policy states “Transgender and intersex residents shall be given the opportunity to shower separately from other residents.”</p> <p>There were no transgender or intersex residents admitted to OCJDC during the past 12 months. An interview with the Chief of Custody confirmed any transgender or intersex resident admitted into the facility would be given the opportunity to shower separately from the other residents in the facility. He also stated that all residents at the facility shower separately as only one resident is permitted to use the restroom to shower at a time.</p> <p>(h - i) Interviews with the Agency PREA Coordinator and Chief of Custody confirmed OCJDC does not use isolation. This was also confirmed during interviews with staff and residents during the on-site portion of this audit. During the tour of the facility, this auditor did not notice any areas in the facility where a resident could be isolated.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. OCJDC Admission Process Policy 3. Vulnerability Assessment Instrument 4. Completed Vulnerability Assessment Instruments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Chief of Custody 3. Interviews with Staff That Perform Screening for Risk of Victimization and Abusiveness 4. Interviews with Randomly Selected Staff 5. Resident Interviews 6. Interview with Resident who Identified as LGBTI
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) OCJDC Reporting, Responding, and Treatment Relating to Sexual Assault or Abuse Policy notes that OCJDC provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents

or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Reporting information is delivered to the residents through the intake process, 10-day comprehensive PREA education, Resident Handbook, and posters. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment.

Interviews with residents confirmed they were educated on how to report allegations of sexual abuse, sexual harassment, retaliation, and neglect. All residents interviewed were able to note several ways to report allegations to facility staff, administrative staff, medical staff, teachers, and Social Workers.

(b) OCJDC Abuse Investigation Policy notes OCJDC provides multiple ways for residents to report abuse or harassment to a public or private entity or office that is not part of the facility and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to facility officials, allowing the resident to remain anonymous upon request.

Reporting information is delivered to the residents through the intake process, 10-day comprehensive PREA education, and Resident Handbook. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment (including the New Jersey Coalition Against Sexual Assault Hotline). Other public or private entities that residents can report sexual abuse and sexual harassment to include the following:

1. Probation Officers
2. Public Defender's Office
3. Ocean County Sheriff's Office (732-506-5323)
4. Ocean County Prosecutor's Office (732-929-2027)
5. New Jersey DCP&P Institutional Abuse Investigations Unit (877-652-2873)
6. Toms River Police Department (732-349-0150)
7. Rape, Abuse, and Incest National Network Hotline (800-656-4673)

The OCJDC Resident Handbook was reviewed by this auditor, and it contained the telephone number and address for residents to report allegations of sexual abuse and sexual harassment to the New Jersey Coalition Against Sexual Assault Hotline. In addition, this auditor also reviewed the curriculum that residents review during their 10-day comprehensive PREA education session with a Social Worker. It was confirmed this curriculum covered the multiple ways residents can report allegations of sexual harassment and sexual abuse (including the New Jersey Coalition Against Sexual Assault Hotline).

During the tour of the facility, this auditor noted posters that contained telephone numbers and addresses to agencies outside of the facility that allows residents to report allegations of sexual abuse and sexual harassment.

Most residents interviewed were aware of their right to contact the New Jersey Coalition Against Sexual Assault Hotline. Residents interviewed also confirmed they received this information through posters in their living units and around the facility, OCJDC Resident Handbook, PREA education received at intake, and 10-day comprehensive PREA education.

There are no residents placed at OCJDC solely for civil immigration purposes. However, during interviews with the Agency PREA Coordinator, it was determined the facility would provide these residents information on how to contact consular officials and relevant officials at the Department of Homeland Security to report sexual abuse and/or sexual harassment.

(c) OCJDC Abuse Investigation Policy notes staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Staff interviewed were knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual harassment, or retaliation. Staff interviewed also noted allegations of sexual harassment and sexual abuse can be reported by third parties. Interviews with staff confirmed they would immediately document a verbal report by completing an Incident Report and notify the supervisor on shift. In addition, staff interviewed stated they would treat a third-party report as if they witnessed the incident themselves.

(d) Grievance forms are available to all residents at OCJDC and are in the day room outside of the living units. Residents at the facility are permitted to fill out and submit a grievance at any point during the day. Grievances alleging sexual abuse or sexual harassment can be placed in a sealed envelope and submitted directly to the Superintendent.

(e) OCJDC Abuse Investigation Policy states “Employees may choose to report directly to the Ocean County Prosecutor’s Office or the New Jersey Institutional Abuse Investigation Unit.”

Interviews with staff confirmed they were aware that they are permitted to privately report allegations of sexual abuse and sexual harassment. All staff interviewed stated they could report the allegation to an administrative staff at the facility, the Agency PREA Coordinator, or the Ocean County Prosecutor’s Office. In addition, staff interviewed noted they would also be able to privately report allegations of sexual harassment or sexual abuse directly to the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit Hotline (1-877-NJ-ABUSE).

Reviewed documentation to determine compliance:

1. OCJDC PREA Policy
2. OCJDC Reporting, Responding, and Treatment Relating to Sexual Assault or Abuse Policy
3. OCJDC Abuse Investigation Policy

	<ol style="list-style-type: none"> 4. OCJDC Resident Handbook 5. OCJDC PREA Education Curriculum 6. Posters in Living Units <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interviews with Randomly Selected Staff 3. Resident Interviews
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCJDC Resident Rights Policy notes OCJDC has administrative procedures to address resident grievances regarding sexual abuse. This auditor was provided with a Grievance Form that all residents at the facility have access to and can submit at any time during their stay at this facility. In addition, all residents are educated on the grievance procedure at OCJDC during the intake process (their first day at the facility).</p> <p>(b) OCJDC Resident Rights Policy states “There shall be no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse, sexual harassment, physical abuse, or for retaliation for reporting or providing truthful information regarding any such incident.”</p> <p>Interviews with staff and residents confirmed they are aware of the grievance policy. Both residents and staff understood there is no time limit to submit a grievance alleging sexual abuse at the facility. Residents noted they are educated on the grievance procedure during the intake process (their first day at the facility).</p> <p>(c) OCJDC Resident Rights Policy states “A resident who alleges sexual abuse may submit a grievance without submitting to a staff member who is the subject of the complaint.”</p> <p>All residents interviewed were aware of the grievance process and that they are not required to submit a grievance to the staff member who is the subject of an allegation of sexual abuse. Residents interviewed stated that they would be able to submit the grievance to a trusted staff or directly to the Superintendent. An interview with the Agency PREA Coordinator confirmed that residents are not required to submit the grievance to the staff member who is the subject of the complaint when the allegation is an allegation of sexual abuse. It was noted that the resident is permitted to place the grievance in a sealed envelope and submit it</p>

directly to the Superintendent, Assistant Superintendent, or their Social Worker.

There were no grievances alleging sexual abuse during the past 12 months at OCJDC.

(d) OCJDC PREA Policy states "OCJDC shall issue a final department decision on the merits of any portion of a grievance filed under this section within 90 days of the initial filing of said grievance. Computation of the 90-day time period shall not include time consumed by the resident in preparing any administrative appeal. OCJDC may claim an extension of up to 70 days to respond if the normal time is insufficient to make an appropriate decision."

Interviews with the Agency PREA Coordinator and Chief of Custody noted any decision on a grievance regarding sexual abuse or sexual harassment would be made by OCJDC administrative staff and that decision would be shared with the resident who submitted the grievance within 90 calendar days.

There were no grievances alleging sexual abuse during the past 12 months at OCJDC.

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

Residents interviewed were aware of third-party reports and understood parents, family members, and legal guardians were able to file a grievance alleging sexual abuse on their behalf.

There were no third-party grievances filed during the past 12 months at OCJDC.

(f) OCJDC Resident Rights Policy states "Within 5 days the agency shall issue and document a final determination as to whether OCJDC deems the resident to be in substantial risk of imminent abuse, and the action taken in response to the emergency grievance."

Interviews with the Agency PREA Coordinator and Chief of Custody revealed if anyone at OCJDC would receive a grievance alleging a resident is at risk of

	<p>imminent sexual abuse, a Safety Plan would be implemented (this plan would include referring the allegation to the Ocean County Prosecutor’s Office and/or facility investigators), an initial response would be issued within 48 hours, and a final decision would be made within 5 days of receiving the grievance.</p> <p>There were no grievances alleging risk of imminent sexual abuse during the past 12 months at OCJDC.</p> <p>(g) OCJDC Resident Rights Policy states “OCJDC may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.”</p> <p>Interviews with the Agency PREA Coordinator and Chief of Custody confirmed any resident who files a grievance alleging sexual harassment or sexual abuse in good faith would not be disciplined regardless of the outcome of the grievance submitted.</p> <p>There were no grievances filed in bad faith during the past 12 months at OCJDC.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. OCJDC Resident Rights Policy 3. Grievance Form 4. Resident Handbook <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Chief of Custody 3. Interviews with Randomly Selected Staff 4. Resident Interviews
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115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCJDC PREA Policy states “OCJDC provides residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and for persons detained solely for immigration purposes. The facility shall enable reasonable communication</p>

between residents and these organizations and agencies, in as confidential a manner as possible.”

OCJDC Resident Telephone Access Policy notes residents are provided access to outside victim advocates for emotional support related to sexual abuse. The toll-free hotline telephone number to the St. Francis Rape Crisis Hotline (609-494-1090) is posted on posters throughout the facility and in the Resident Handbook. Residents are permitted to call this hotline at any time.

In addition, toll-free numbers to the following outside agencies are also posted on posters throughout the facility:

1. New Jersey Coalition Against Sexual Assault Hotline
2. Rape, Abuse, and Incest National Network Hotline
3. New Jersey Institutional Abuse Investigation Unit Hotline

All telephone calls to any of the above-listed hotlines are private and are not to be recorded or monitored.

The OCJDC Resident Handbook contains a telephone number for victim advocates from St. Francis Counseling. In addition to residents receiving a copy of the above-mentioned Resident Handbook, there are numerous posters posted around the facility with the telephone number and address to St. Francis Counseling. This information is available in both English and Spanish and was reviewed by this auditor and noted during the tour of the facility. OCJDC also has a Memorandum of Understanding with St. Francis Counseling. This Memorandum of Understanding states St. Francis Counseling will provide any victim of sexual abuse a victim advocate.

Interviews with residents confirmed they are educated and aware of the services that are available to them in the event they are a victim of sexual abuse at OCJDC. All residents interviewed stated they were educated on the services available to them from St. Francis Counseling during intake and again during the comprehensive PREA education they receive within ten days of intake.

(b) All of the residents interviewed were aware of the services available to them from St. Francis Counseling in the event they are a victim of sexual abuse. Residents interviewed also stated they were educated that any correspondence with St. Francis Counseling is confidential and private. In addition, residents noted during interviews this information is provided to them during the intake process, comprehensive PREA education within ten days of intake, and is noted in the Resident Handbook they receive at intake.

There were no allegations of sexual abuse during the past 12 months at OCJDC.

(c) A Memorandum of Understanding is in place with St. Francis Counseling in accordance with this standard. This Memorandum of Understanding confirms each party’s responsibilities regarding this standard. The Agency PREA Coordinator described this Memorandum of Understanding and the services that are provided by

	<p>St. Francis Counseling (to provide advocacy services to any victims of sexual abuse at OCJDC). This auditor contacted a representative from St. Francis Counseling and the representative confirmed the services available to resident victims of sexual abuse that are noted in the Memorandum of Understanding.</p> <p>(d) Visitation and contact with legal representation and family members/legal guardians is outlined in the OCJDC Resident Telephone Access Policy. The facility provides residents with reasonable and confidential access to their attorneys and/or legal representation as well as parents or legal guardians. Attorneys can also visit whenever it is convenient for them to do so, and these visits/conversations would be in private if requested by the resident or attorney. Interviews with residents confirmed any visits with their attorney would be in a private setting. Parents or legal guardians are permitted to visit on a weekly basis and residents also receive telephone calls to parents or legal guardians on a weekly basis. All residents interviewed stated they receive weekly telephone calls to their families and can receive weekly visits from their family members (if the family is able to visit).</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. OCJDC Resident Telephone Access Policy 3. Resident Handbook 4. Memorandum of Understanding with St. Francis Counseling Services 5. PREA Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Representative from St. Francis Counseling Services 3. Resident Interviews
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115.354	<p>Third-party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCJDC Abuse Investigation Policy states “The facility provides multiple telephone numbers and mailing addresses on its website for any person to make a third-party report regarding knowledge or suspicions that they may have concerns incidents of sexual assault, sexual abuse, or sexual harassment involving residents of this facility.”</p> <p>This auditor was able to review OCJDC’s website and confirmed multiple methods to file a third-party report are posted on the website. The facility website noting</p>
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	<p>methods to file a third-party report is https://county.ocean.nj.us. In addition to being posted on the facility website, multiple methods to file a third-party report are posted in the main lobby and visiting area of the facility and were observed by this auditor during the tour of the facility.</p> <p>Interviews with residents confirmed they are aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on their behalf. All staff interviewed acknowledged that they would accept a third-party report of abuse and respond in the same manner as if they had witnessed the abuse themselves. Staff interviewed noted they would document the allegation in an Incident Report and report the allegation to the Chief of Custody or the supervisor on shift. The allegation would then be referred to the appropriate party for investigation.</p> <p>There were no allegations of sexual abuse or sexual harassment filed by a third party at OCJDC during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. OCJDC Abuse Investigation Policy 3. OCJDC Website 4. PREA Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Randomly Selected Staff 2. Resident Interviews
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115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCJDC Abuse Investigation Policy states “All staff members are required to report any knowledge, suspicion, or information they receive regarding any of the following:</p> <ol style="list-style-type: none"> 1. Any incident of sexual abuse that occurred in any facility. 2. Any act of retaliation against residents or staff who reported such an incident. 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All staff interviewed were aware that any knowledge, suspicion, or information regarding an incident of sexual harassment or sexual abuse or information regarding an incident of sexual harassment, sexual abuse, staff neglect, or any violation of responsibilities that may have contributed to an incident or retaliation must be reported to the supervisor on shift. Staff interviewed also reported they could report any allegations of sexual harassment, sexual abuse, neglect, or retaliation privately by contacting the Agency PREA Coordinator, Superintendent, Chief of Custody, any administrative staff, the Ocean County Prosecutor's Office, or the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit Hotline (1-877-NJ-ABUSE).

(b) All staff at OCJDC are mandated reporters and must report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the supervisor on shift. The supervisor on shift would then report the allegation to the new Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit Hotline and the Ocean County Prosecutor's Office and/or facility investigators for investigation.

All staff interviewed were aware of their responsibility to report any allegations of sexual harassment or sexual abuse. The staff interviewed were able to describe their role as mandated reporters to this auditor and were aware of the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit Hotline to report allegations of sexual abuse and sexual harassment.

(c) OCJDC Abuse Investigation Policy states "Apart from reporting to designated supervisors or officials and designated State or local service agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in department policy, to make treatment, investigation, and other security and management decisions. Failure to maintain confidentiality may result in disciplinary action."

Interviews with staff (including medical staff) confirmed they are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse. All staff interviewed were aware they are prohibited from sharing information related to sexual abuse to anyone other than the supervisor on shift and/or an investigator.

(d) OCJDC Abuse Investigation Policy states "Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to this policy, as well as to the designated State or local service agency where required by mandatory reporting laws. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality."

A medical staff interviewed indicated that disclosure is provided to residents regarding the limitation of confidentiality and their duty to report at the initiation of services. In addition, this staff stated all medical staff are required to report any

knowledge, suspicion, or information regarding any allegation of sexual abuse or sexual harassment to the supervisor on shift and/or the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit Hotline immediately upon learning of an allegation of sexual abuse. This information is also reported to the Ocean County Prosecutor's Office and/or facility investigators for investigation. The medical staff interviewed was also able to discuss all medical staff's role as mandated reporters.

(e) OCJDC Abuse Investigation Policy notes "Upon receiving any allegation of sexual abuse, the Superintendent, or their designee, in addition to reporting as required in this policy, shall promptly report the allegation to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians shall not be notified. If the alleged victim is under the guardianship of DCP&P, the report shall be made to the alleged victims' caseworker instead of the parents or legal guardians. If the Juvenile Court retains jurisdiction over the alleged victim, the Superintendent or their designee shall also report the allegation to the resident's attorney or other legal representative of record within 14 days of receiving the allegation."

All staff interviewed stated they are required to report any allegations of sexual abuse or sexual harassment to the supervisor on shift and document the allegation/incident on an Incident Report. The Superintendent would then report the allegation/incident to the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit and the Ocean County Prosecutor's Office and/or facility investigators for investigation. In addition, the Superintendent would also notify the family/legal guardians of the victim, victim's caseworker if the victim is a dependent child, and/or the assigned juvenile probation officer if a juvenile court retains jurisdiction over the victim.

(f) In addition to reporting an allegation of abuse to the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit Hotline, all allegations of sexual abuse, sexual harassment, neglect, and retaliation are also reported to the Ocean County Prosecutor's Office and/or facility investigators for investigation.

It should be noted; all staff (including medical staff) are trained to treat third party reports the same as if they witnessed the incident themselves when receiving a report from a third party.

Interviews with the Agency PREA Coordinator, Chief of Custody, and staff (including a medical staff) confirmed they are aware of how to report an allegation and were aware all allegations are investigated by the Ocean County Prosecutor's Office and/or facility investigators. The Agency PREA Coordinator was also able to describe the reporting process as well as the investigative process once an allegation is referred to the Ocean County Prosecutor's Office and/or facility investigators for investigation.

There were no allegations of sexual abuse at OCJDC during the past 12 months. However, there was one allegation of sexual harassment at OCJDC during that time.

	<p>This allegation was immediately reported to the supervisor on shift and forwarded to a facility investigator for investigation.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. OCJDC Abuse Investigation Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Chief of Custody 3. Interview with Medical Staff 4. Interviews with Randomly Selected Staff
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a) OCJDC Abuse Investigation Policy states “At any time should facility staff become aware that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect that resident. Such action may include but is not limited to:</p> <ol style="list-style-type: none"> 1. Sight and sound separation of victim and abuser at all times. 2. Housing unit changes for resident 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. 6. Monitoring by the Superintendent for a period of at least 90 days of staff members to ensure they are protected from retaliation for reporting or cooperating with investigations.” <p>The Chief of Custody was interviewed regarding the protective action the facility takes when learning that a resident to subject to substantial risk of imminent sexual abuse. He reported the facility would ensure steps are taken to remove the risk to the resident which could include separation of the resident from the potential abuser or making a living area change. The Chief of Custody stated the safety of the</p>

	<p>resident is the facility's utmost priority.</p> <p>An interview with the Chief of Custody confirmed all staff are expected to act immediately to separate the resident at risk from the potential abuser. In addition, he reported a Safety Plan would be developed and implemented by an administrative staff or the supervisor on shift to ensure the safety of the resident at risk. This Safety Plan would include increased supervision/monitoring, separation from the potential abuser, and making a living unit and/or bedroom change if necessary.</p> <p>All staff are trained in how to respond to a resident at imminent risk of sexual abuse. Staff interviewed stated they would immediately separate the resident at risk from the potential abuser, call for additional staff assistance if needed, and report the incident to the supervisor on shift. The supervisor on shift would then determine the best course of action to ensure the safety of the resident and document these actions in a Safety Plan.</p> <p>There were no residents that the facility determined was subject to imminent risk of sexual abuse during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. OCJDC Abuse Investigation Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Chief of Custody 2. Interviews with Randomly Selected Staff
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCJDC Abuse Investigation Policy states "If the abuse is alleged to have occurred in an institutional setting, the facility Superintendent will contact the Director of that institution, and the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit."</p> <p>An interview with the Superintendent confirmed this process that would be followed if the facility received an allegation that a resident was sexually abused while in another facility. He stated that there has not been a report in the last 12 months of any allegations of sexual abuse or sexual harassment occurring to a resident while</p>

in another facility. This auditor also reviewed facility PREA Database to confirm there were not any reports in the past 12 months of any allegations of sexual abuse or sexual harassment occurring to a resident while in another facility.

(b) OCJDC Abuse Investigation Policy states “Such notification shall be made as soon as possible, but no later than 72 hours after receiving the allegation.”

An interview with the Superintendent confirmed he understood the timeframe to notify the agency/facility where the alleged abuse occurred. After reviewing the facility PREA Database, it was confirmed that OCJDC did not receive any allegations that a resident was abused while residing in another facility.

(c) OCJDC Abuse Investigation Policy states “Facility staff shall document all pertinent information, which includes but is not limited to:

1. Date and time of calls, names of persons spoken to at the facility where the alleged abuse occurred, and the investigative agency(s) contacted.
2. The details reported to the facility and investigative agency(s).”

An interview with the Superintendent confirmed he would document any notification of alleged abuse in an Incident Report. He also stated an email would also be sent to the Superintendent/Agency Head of the facility where the alleged abuse occurred (after he contacted this person by telephone) to provide further documentation. In addition to documenting the allegation, the Superintendent noted he would immediately report the allegation of abuse to the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit (if the allegation occurred in a facility in New Jersey) for investigation. If the allegation occurred in a facility outside of New Jersey, he stated he would contact the proper investigative agency in the state where the allegation allegedly occurred.

d) OCJDC Abuse Investigation Policy notes that should an allegation be received alleging a resident was sexually abused while in the custody of OCJDC, the Superintendent “shall contact the Ocean County Prosecutor’s Office and the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit.”

The Superintendent was able to articulate what his responsibilities would be if he received an allegation from another facility that a resident was sexually abused or sexually harassed while residing at OCJDC. He stated he would immediately generate an Incident Report, contact the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit, the Ocean County Prosecutor’s Office, and/or facility investigators.

OCJDC did not receive any allegations/notifications from other facilities that a resident was sexually abused while residing at the facility during the past 12 months. This was confirmed by this auditor by reviewing the facility PREA Database.

Reviewed documentation to determine compliance:

	<ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. OCJDC Abuse Investigation Policy 3. PREA Database <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Superintendent
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115.364	Staff first responder duties
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>(a) OCFS PREA Incident First Responder Duties Policy states “Upon learning that a resident was sexually assaulted or sexually abused, the first staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> 1. Radio for immediate additional manpower to facilitate all subsequent steps. 2. Separated the alleged victim(s) and alleged actor(s) immediately, taking all necessary steps to protect the alleged victim. Direct the alleged victim(s) and the alleged actor(s) to sit or stand in separate areas of the room. Stand between them without touching either. <ol style="list-style-type: none"> 1. The alleged victim should not be left alone until law enforcement or emergency responders arrive and take charge of the scene. 2. The alleged actor should not be left alone until law enforcement officers arrive and take charge of the scene. 3. If the incident occurred in a pod area, order any other resident into their rooms. 4. Immediately upon arrival of additional staff, have the alleged actor(s) removed to a secure area, out of site of the alleged victim. 5. Preserve and protect any crime scene where possible until other staff arrive, but safety of the victim is first priority. 6. If the assault or act of abuse occurred within a time (72 hours) that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. 7. If the assault or act of abuse occurred within a time (72 hours) that still allows for the collection of physical evidence, ensure that the alleged actor not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.”

All staff at OCJDC are provided "PREA cards" which outlines procedures and proper protocol for responding to the scene of an alleged sexual assault. Staff interviewed could articulate the steps they would take as first responders. Their responses were consistent with the above-mentioned policy. 12 of the 12 staff interviewed were carrying their "PREA cards" on their person.

There were no allegations of sexual abuse at OCJDC during the past 12 months.

(b) OCJDC PREA Incident First Responder Duties Policy notes first responder duties for non-security staff are the same as security staff. Non-security staff have been trained appropriately in the above-mentioned duties as first responders. In addition, all non-security staff are also provided "PREA cards" which outlines procedures and proper protocol for responding to the scene of an alleged sexual assault.

Non-security staff interviewed were educated in their role as first responders and were able to articulate exactly what they would be expected to do in the event they were the first responder to an incident of sexual abuse. They stated they would immediately call for assistance so security staff would be able to report to the area of the incident and assist with securing the scene. All non-security staff are also provided "PREA Cards" and were carrying these "PREA cards" on their person during interviews with this auditor as they were able to display the card when prompted.

"PREA cards" which are given to all staff (security and non-security) instruct the staff to follow the following steps:

1. Separate the victim from the offender. The safety and security of the victim is your primary objective.
2. Contact the SJDO
3. Ensure the preservation of evidence. Do not allow either the victim or offender to wash, shower, brush teeth, change clothes, drink, or use the bathroom.
4. Secure the scene to allow for the collection of evidence. Safeguard any items found at the scene or given to you by the victim.
5. Document any statements made by the victim, offender, or witnesses in your Incident Report. Document only what you can see and only what is told to you.

In addition, Supervisors at OCJDC also carry "PREA Cards" which note the following steps are to be taken:

1. Dial 911 and notify on-site medical staff if applicable.
2. Initiate SART response by contacting the Special Victims Detective through the OCSA Radio Room @ 732-349-2010.
3. Contact victims Parent/Guardian.
4. Contact the Director or his designee.
5. Contact the PREA Coordinator.
6. After the victim has been attended to by qualified medical personnel and

	<p>transported to Community Medical Center, the area where the incident took place should be cordoned off until the Prosecutors Investigative Unit has arrived.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. OCJDC PREA Incident First Responder Duties Policy 3. PREA Cards <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Randomly Selected Staff
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCJDC Coordinated Response to PREA Incidents Policy notes the actions expected to be taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>OCJDC has developed two detailed Coordinated Response Plans:</p> <ol style="list-style-type: none"> 1. Staff to Resident Sexual Misconduct Allegation Coordinated Response Plan 2. Resident to Resident Sexual Misconduct Allegation Coordinated Response Plan <p>Both plans are easy to read and review. They note the role of each OCJDC staff (including first responders, medical staff, and administrative staff) and investigators in the event of an incident of sexual abuse. These plans were forwarded to this auditor for review and met the requirements of this standard.</p> <p>Interviews with the Agency PREA Coordinator, Chief of Custody, direct care staff, and medical staff indicated that each is knowledgeable of his/her responsibilities in responding to an incident or allegation of sexual abuse. All staff interviewed stated they were familiar with their duties as they were trained on how to respond and what actions to take in the event of an incident of sexual abuse.</p> <p>Reviewed documentation to determine compliance:</p>

	<ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. OCJDC Coordinated Response to PREA Incidents Policy 3. OCJDC Staff to Resident Sexual Misconduct Allegation Coordinated Response Plan 4. OCJDC Resident to Resident Sexual Misconduct Allegation Coordinated Response Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Chief of Custody 3. Interview with Medical Staff 4. Interviews with Randomly Selected Staff
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a - b) OCJDC PREA Policy states “Neither the OCJDC nor any other governmental entity responsible for collective bargaining on the OCJDC’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the department’s ability to remove alleged sexual abusers from contact with residents pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.”</p> <p>OCJDC employees belong to the Office and Professional Employees International Union (Local #32). The current collective bargaining agreement runs from April 1, 2019, to March 31, 2022. This agreement is considered the current agreement because a new agreement is currently being negotiated. This auditor was able to review this collective bargaining agreement and confirmed it does not limit alleged sexual abusers to be removed from contact with residents pending the outcome of an investigation and a determination of discipline.</p> <p>An interview with the Chief of Custody confirmed that any time there is an allegation, a Safety Plan for the specific resident(s) is put in place that includes removing the staff from contact with the resident(s) by placing the staff on Administrative Leave until an investigation can be completed and a determination is made.</p> <p>Reviewed Documentation to Determine Compliance:</p>

	<ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. OCJDC Collective Bargaining Agreement <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Chief of Custody
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCJDC PREA Policy states “All residents and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other residents or staff. The PREA Coordinator shall monitor juveniles and their treatment to ensure that they are protected from retaliation for a period of 90 days. The Superintendent shall monitor staff members to ensure that they are protected from retaliation for a period of at least 90 days.”</p> <p>Social Workers are responsible for retaliation monitoring of residents and the Chief of Custody is responsible for retaliation monitoring of staff at OCJDC. This auditor interviewed the Chief of Custody and a Social Worker who are responsible for retaliation monitoring, and they confirmed they are responsible for monitoring retaliation of staff (Chief of Custody) and residents (Social Worker) and have been educated on the signs of retaliation. The Chief of Custody stated it is the expectation of the facility that any resident or staff who report sexual abuse would be monitored for a period of 90 days (or until the allegation was determined to be Unfounded).</p> <p>(b) OCJDC PREA Policy states “OCJDC shall employ multiple protection measures, including, but not limited to:</p> <ol style="list-style-type: none"> 1. Housing changes or transfers for resident victims or abusers. 2. Removal of alleged staff or resident abusers from contact with victims. 3. Emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. <p>The Agency PREA Coordinator was interviewed and stated while monitoring retaliation when a resident makes a report of sexual abuse, the assigned Social Worker would check in with the resident who made the allegation on a regular basis. In addition, he stated the Social Worker would also review progress notes, behavior</p>

records, report cards, and discipline reports. The Chief of Custody was interviewed and stated he is responsible for monitoring staff who fear retaliation after making a report of sexual abuse. He stated retaliation monitoring is documented on the Sexual Abuse Retaliation Monitoring Form and he was able to discuss how he would monitor retaliation at the facility following an allegation of sexual abuse. This auditor was able to review a template of the Sexual Abuse Retaliation Monitoring Form that the facility would use to monitor retaliation when there is an allegation of sexual abuse to confirm the above-mentioned statements.

(c) OCJDC PREA Policy notes residents who report allegations of sexual abuse will be monitored for a period of 90 days or until the allegation is investigated and determined to be Unfounded.

There were no allegations of sexual abuse at OCJDC during the past 12 months. Interviews with the Chief of Custody and a Social Worker confirmed both are responsible for monitoring retaliation at OCJDC (Chief of Custody monitors staff while Social Workers monitor residents). Both were educated on the signs of retaliation when interviewed and seemed sincere about monitoring retaliation at OCJDC. The Chief of Custody stated it is the expectation that actions would be taken immediately to ensure the resident or staff was safe. It is the expectation of OCJDC that any resident or staff who reports an allegation of sexual abuse would be monitored for at least 90 days or until an investigation of the allegation was completed and determined to be Unfounded. The Chief of Custody stated residents or staff would be monitored for at least 90 days per policy and monitoring would be documented on the facility Sexual Abuse Retaliation Monitoring Form.

There were no incidents of retaliation, known or suspected, during the past 12 months at OCJDC.

(d) OCJDC PREA Policy notes retaliation monitoring for residents will include periodic status checks.

Social Workers monitor residents for retaliation at OCJDC. This auditor interviewed a Social Worker who monitors retaliation and he stated he would monitor retaliation for a minimum of 90 days after an allegation of sexual abuse is reported or until an investigation is completed and determined to be Unfounded. In addition, he was also able to describe what he would monitor when completing status checks with a resident. He noted his status checks, file reviews, incident report reviews, and/or housing change reviews are documented on the Sexual Abuse Retaliation Monitoring Form. This auditor was able to review the Sexual Abuse Retaliation Monitoring Form that is used to document retaliation monitoring and confirmed this form would document 90 days of retaliation monitoring. At the conclusion of the 90-day period, there is an option for the monitoring to be continued.

(e) OCJDC PREA Policy states "If any other individual who cooperates with an investigation expresses a fear of retaliation, the OCJDC shall act appropriately to protect that individual against retaliation."

During interviews with the Chief of Custody and a Social Worker who monitor

	<p>retaliation at OCJDC, they stated that they would take appropriate measures to protect any individual (staff or resident) against retaliation who cooperates with an investigation of sexual abuse. They both stated if these individuals expressed fear of retaliation for cooperating with an investigation, they would monitor these individuals the same way they would monitor the person who reported the allegation. All retaliation monitoring is documented on the Sexual Abuse Retaliation Monitoring Form.</p> <p>(f) OCJDC PREA Policy states “OCJDC’s obligation to monitor shall terminate if the allegation is determined to be Unfounded or if the juvenile being monitored is released.”</p> <p>Interviews with the Chief of Custody and a Social Worker confirmed they would monitor retaliation for 90 days or until an investigation is completed and determined to be Unfounded. They both stated if an investigation is determined to be Unfounded before the 90-day monitoring period is completed, they would make a note on the Sexual Abuse Retaliation Monitoring Form noting that the allegation was determined to be Unfounded, and that retaliation monitoring has terminated.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. Retaliation Monitoring Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Persons Responsible for Monitoring Retaliation
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) An interview with the Chief of Custody confirmed the prohibition of segregated housing to protect a resident who has suffered sexual abuse. OCJDC 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 it is determined that the resident is no longer at risk for harm from anyone.</p> <p>During the tour of the facility, this auditor did not notice any places where a resident could be segregated or isolated. In addition, interviews with staff and residents at the facility also confirmed the prohibition of segregated housing.</p>

	<p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. Tour of Facility <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Chief of Custody 2. Interviews with Randomly Selected Staff 3. Resident Interviews
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCJDC PREA Policy notes that all allegations of sexual abuse or sexual harassment must be referred to the proper investigating agency. Criminal investigations are conducted by the Ocean County Prosecutor’s Office while non-criminal and administrative investigations are conducted by facility investigators.</p> <p>An interview with the Agency PREA Coordinator confirmed all sexual harassment allegations and sexual abuse allegations are immediately referred to the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit and/or facility investigators. The New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit and/or facility investigators then forwards all allegations that are criminal in nature to the Ocean County Prosecutor’s Office for investigation. The Ocean County Prosecutor’s Office will take the lead on any investigation and work in conjunction with the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit if the allegation is criminal in nature. The New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit oversees all allegations of abuse in juvenile residential facilities in New Jersey.</p> <p>(b) Criminal investigations are completed by the Ocean County Prosecutor’s Office in conjunction with the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit. Non-criminal and administrative investigations are completed by facility investigators. If at any time during a non-criminal investigation, the allegation appears to be criminal in nature, then that allegation is referred to the Ocean County Prosecutor’s Office. The Ocean County Prosecutor’s Office will then conduct a criminal investigation in conjunction with the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit.</p>

Interviews with the Agency PREA Coordinator and Chief of Custody confirmed any allegations of sexual abuse are immediately reported to the Ocean County Prosecutor's Office, the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit, and/or facility investigators for investigation. If the allegation is criminal in nature, the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit and/or facility investigators will then refer the allegation to the Ocean County Prosecutor's Office for investigation. There was one allegation of staff-on-resident sexual harassment during the past 12 months that was not criminal in nature and was investigated by a facility investigator. The allegation was investigated and determined to be Unfounded.

An interview with the Agency PREA Coordinator confirmed he is a facility investigator and completes non-criminal/administrative investigations at OCJDC. He stated if the allegation is determined to be substantiated and criminal in nature, the allegation is immediately referred to the Ocean County Prosecutor's Office for investigation. There are currently two facility investigators assigned to investigate allegations of sexual abuse and sexual harassment at OCJDC. Both facility investigators completed the National Institute of Corrections investigator training titled "PREA: Investigating Sexual Abuse in a Confinement Setting." This auditor was provided with training records for review noting both facility investigators completed the PREA investigator training titled "PREA: Investigating Sexual Abuse in a Confinement Setting."

An interview with a representative from the Ocean County Prosecutor's Office confirmed investigators assigned to investigate criminal allegations of sexual abuse at OCJDC have completed training specific to juvenile sexual abuse victims.

(c) OCJDC PREA Policy states "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator."

An interview with a representative from the Ocean County Prosecutor's Office noted an investigator would report to the scene of the allegation immediately after being notified of an incident of sexual abuse at OCJDC. He stated the investigator would then gather and preserve direct and circumstantial evidence (including any available physical evidence and DNA evidence) from the scene if his agency was notified within 96 hours of the incident. The representative from the Ocean County Prosecutor's Office noted the investigator assigned to the case would also interview any alleged victims, alleged perpetrators, and witnesses as part of the investigation.

An interview with a facility investigator who completes non-criminal investigations and administrative investigations also confirmed facility investigators are trained to gather and preserve evidence and interview any alleged victims, alleged perpetrators, and witness (staff on shift at the time of the alleged incident) as part of their investigation.

(d) OCJDC PREA Policy states "OCJDC shall not seek or request the investigating

agency to terminate an investigation solely because the source of the allegation recants the allegation.”

Interviews with a facility investigator and a representative from the Ocean County Prosecutor’s Office confirmed investigations are not terminated because the source of the allegation recants the allegation. Both noted all allegations are investigated until a determination can be made.

(e) Criminal investigations are conducted by the Ocean County Prosecutor’s Office. An interview with a representative from the Ocean County Prosecutor’s Office confirmed whenever evidence supports criminal prosecution following an investigation, his office files criminal charges.

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

Interviews with a facility investigator and a representative from the Ocean County Prosecutor’s Office noted the alleged victim’s credibility will be assessed on an individual basis and not determined by their status as a resident or staff. Both also stated all investigations are conducted in the same manner, as investigators conduct fair investigations, do not judge credibility, and collect evidence and facts during each investigation. It was also noted that polygraphs are not utilized during investigations.

There was one allegation of staff-on-resident sexual harassment at OCJDC during the past 12 months. This allegation was immediately reported to a facility investigator for investigation. This allegation was investigated and determined to be Unfounded. The investigative report noted that the alleged victim and staff on shift were interviewed (including the alleged perpetrator). In addition, video surveillance was reviewed as part of the investigation.

(g - h) All investigative reports are completed by a facility investigator (non-criminal investigations/administrative investigations) and the Ocean County Prosecutor’s Office (criminal investigations). At the completion of any investigation, an investigative report is completed. During the past 12 months, there was one allegation of staff-on-resident sexual harassment. This allegation was investigated by a facility investigator and was determined to be Unfounded. This auditor was provided with an investigative report which detailed the investigation, how a determination was made, evidence, and recommendations.

(i) OCJDC PREA Policy states “Substantiated allegations of conduct that appears to be criminal shall be referred to the Ocean County Prosecutor’s Office for prosecution.”

Criminal charges for all substantiated allegations of sexual abuse are filed by the Ocean County Prosecutor’s Office. This was confirmed during an interview with a

representative from the Ocean County Prosecutor's Office.

During the past 12 months at OCJDC, there were no allegations of sexual abuse referred to the Ocean County Prosecutor's Office for prosecution. This was confirmed during interviews with the Agency PREA Coordinator and a representative from the Ocean County Prosecutor's Office.

(j) It was confirmed during interviews with the Agency PREA Coordinator and the Senior Administrative Analyst (Human Resources) that the facility retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the facility, plus five years.

(k) OCJDC PREA Policy states "The departure of the alleged abuser or victim from employment or control of OCJDC shall not provide a basis for terminating an investigation."

Interviews with a facility investigator and a representative from the Ocean County Prosecutor's Office confirmed the departure of an alleged or abuser or victim from the employment or control of the facility does not provide a basis for terminating an investigation.

(l) The Agency PREA Coordinator has formally asked the Ocean County Prosecutor's Office to comply with the PREA investigative standards. This was requested in a formal letter to the Ocean County Prosecutor's Office. This formal letter was dated October 27, 2022, and a copy was provided to this auditor for review.

(m) OCJDC PREA Policy states "To the extent allowed by the investigating agency, OCJDC shall endeavor to remain informed of the progress and outcome of the investigation."

The Agency PREA Coordinator stated he maintains contact with the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit and the Ocean County Prosecutor's Office during an open criminal investigation via telephone calls, emails, and on-site visits. There were no allegations of sexual harassment or sexual abuse investigated by the New Jersey Division of Child Protection and Permanency Institutional Abuse Investigations Unit or the Ocean County Prosecutor's Office during the past 12 months at the facility. Therefore, there was no documentation for this auditor to review.

Reviewed documentation to determine compliance:

1. OCJDC PREA Policy
2. Formal Letter to the Ocean County Prosecutor's Office requesting investigations be conducted in compliance within PREA Standards (October 27, 2022)
3. Facility Investigators Training Records

Interviews:

	<ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Chief of Custody 3. Interview with Facility Investigator 4. Interview with Senior Administrative Analyst (Human Resources) 5. Interview with Representative from Ocean County Prosecutor’s Office
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115.372	Evidentiary standard for administrative investigations
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	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>(a) OCJDC PREA Policy states “For administrative investigations, the OCJDC and/or Ocean County Prosecutor’s Office shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”</p> <p>Criminal investigations at OCJDC are completed by the Ocean County Prosecutor’s Office and administrative investigations are completed by facility investigators. The Agency PREA Coordinator has also formally asked the Ocean County Prosecutor’s Office to comply with the PREA investigative standards. This was requested in a formal letter to the Ocean County Prosecutor’s Office. A copy of the formal letter was forwarded to this auditor to review and to confirm compliance.</p> <p>Interviews with a facility investigator and a representative from the Ocean County Prosecutor’s Office confirmed all investigations at OCJDC are completed by the Ocean County Prosecutor’s Office (criminal investigations) and facility investigators (administrative investigations). Both the facility investigator and the representative from the Ocean County Prosecutor’s Office also noted no standard higher than the preponderance of evidence is used when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>There was one allegation of sexual harassment during the past 12 months at OCJDC. This allegation was investigated by a facility investigator and was determined to be Unfounded.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. Formal Letter to the Ocean County Prosecutor’s Office requesting investigations be conducted in compliance within PREA Standards (October 27, 2022) <p>Interviews:</p>

	<ol style="list-style-type: none"> 1. Interview with Facility Investigator 2. Interview with Representative from Ocean County Prosecutor’s Office
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCJDC PREA Policy states “Following an investigation into a resident’s allegation of sexual abuse suffered in OCJDC, facility staff shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.”</p> <p>All investigations of sexual abuse at OCJDC are completed by the Ocean County Prosecutor’s Office (criminal investigations) and facility investigators (administrative investigations). This was confirmed during interviews with the Agency PREA Coordinator, Chief of Custody, and a representative from the Ocean County Prosecutor’s Office. It was noted that following an investigation, the resident would be notified of the determination in writing. This notification would be noted on a PREA Notification Form. There were no allegations of sexual abuse during the past 12 months at OCJDC. Therefore, there were no notifications to residents and no documentation for this auditor to review. However, this auditor was provided with a template of the PREA Notification Form that is used to notify residents of the determination of an investigation to confirm compliance.</p> <p>(b) OCJDC PREA Policy states “OCJDC shall request the relevant information from the investigative agency in order to inform the resident.”</p> <p>During the past 12 months, there were no allegations of sexual abuse investigated by the Ocean County Prosecutor’s Office. This auditor was able to review a PREA Notification Form template that notes any resident who makes an allegation of sexual abuse is informed of the investigation’s findings at the completion of the investigation by the Ocean County Prosecutor’s Office or a facility investigator. The Agency PREA Coordinator stated the resident is informed of the determination at the end of an investigation and signs the PREA Notification Form to document the resident was informed of the determination.</p> <p>(c) OCJDC PREA Policy states “Following a resident’s allegation that a staff member has committed sexual abuse against the resident, OCJDC shall subsequently inform the resident (unless it has been determined that the allegation is unfounded, or the resident has been released) whenever:</p> <ol style="list-style-type: none"> 1. The staff member is no longer employed at OCJDC; 2. OCJDC learns that the staff member has been indicated on a charge related

to sexual abuse within the facility;

3. OCJDC learns that the staff member has been convicted on a charge related to sexual abuse within the facility.”

During the past 12 months, there were no allegations of sexual abuse against any staff at OCJDC. Interviews with the Agency PREA Coordinator and Chief of Custody confirmed in the event of an allegation of sexual abuse against a staff at the facility, a Safety Plan would be implemented to keep the resident safe. In addition, the staff the allegation was made against will be placed on Administrative Leave until an investigation is completed by the Ocean County Prosecutor’s Office. It was noted during an interview with a representative from the Ocean County Prosecutor’s Office, that a detailed investigative report is sent to the Superintendent following the conclusion of any investigation. This investigative report includes the determination that is made at the conclusion of the investigation. Upon the Superintendent receiving an investigative report at the conclusion of any investigation of sexual abuse, the resident is then notified of the determination by the Agency PREA Coordinator, Chief of Custody, or a Social Worker. This notification is documented on a PREA Notification form.

(d) OCJDC PREA Policy states “Following a resident’s allegation that he or she was abused by another resident, OCJDC shall subsequently inform the resident (unless it has been determined that the allegation is unfounded, or the resident has been released) whenever:

1. OCJDC learns that the alleged abuser has been indicted on a charge of sexual abuse within the facility;
2. OCJDC learns that the alleged abuser has been indicted on a charge of sexual abuse within the facility.”

There were no allegations of resident-on-resident sexual abuse at OCJDC during the past 12 months. Therefore, there was no documentation to review. However, an interview with the Agency PREA Coordinator confirmed that the resident who made the allegation would be informed of any developments regarding the alleged perpetrator as noted in the OCJDC PREA Policy.

(e) OCJDC PREA Policy states “All notifications or attempted notifications shall be documented.”

An interview with the Agency PREA Coordinator indicated that residents are notified of the results of an investigation in writing. He stated the resident is notified of the determination and signs a PREA Notification Form to document the resident was notified of the determination. The process described by the Agency PREA Coordinator was consistent with the OCJDC PREA Policy.

There were no allegations of sexual abuse at OCJDC during the past 12 months. It was noted during an interview with the Agency PREA Coordinator that any resident who makes an allegation of sexual abuse is notified of the findings of an

	<p>investigation upon completion of any investigation. All notifications are documented on a PREA Notification Form. A template of the PREA Notification Form was reviewed by this auditor, and it clearly documents the outcome of any investigation and there is a place for the resident to sign to document the resident was notified of the findings of the investigation.</p> <p>(f) During an interview with the Agency PREA Coordinator, he was aware OCJDC's obligation to report terminates if the resident is released from the facility. It was noted that the average stay for each resident at the facility is 38 days.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. PREA Notification Form Template <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Chief of Custody 3. Interview with Representative from Ocean County Prosecutor's Office
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115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>(a) OCJDC Discipline Policy states "Any violation of the above will result in disciplinary action, up to and including termination of employment. The Ocean County Department of Juvenile Services is obligated by law to report all violations and/or allegations of abuse as required by those laws and will actively participate in the prosecution of offenders."</p> <p>There were no staff disciplined for violation of the OCJDC PREA Policy during the past 12 months at this facility. This was confirmed during interviews with the Agency PREA Coordinator, Chief of Custody, and Senior Administrative Analyst (Human Resources). In addition, this auditor also reviewed randomly selected staff personnel files to ensure no staff had been disciplined for violating the OCJDC PREA Policy during the past 12 months.</p> <p>(b) OCJDC Discipline Policy states "Any OCJDC staff member who is found to have committed an act of sexual abuse shall be terminated."</p> <p>There were no staff terminated (or resigned prior to termination) for violating the OCJDC PREA Policy by sexually abusing a resident during the past 12 months at this</p>

facility. This was confirmed during interviews with the Agency PREA Coordinator, Chief of Custody, and Senior Administrative Analyst (Human Resources). It was also confirmed during an interview with the Agency PREA Coordinator that termination is the presumptive discipline for any staff who violates the OCJDC PREA Policy by sexually abusing a resident at the facility.

(c) OCJDC Discipline Policy states “Any OCJDC staff member who is found to have committed an act of sexual harassment of residents, other staff members, visitors or contractors, shall be subject to disciplinary sanctions, which shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and any sanctions that have been imposed for comparable offenses by other staff with similar histories.”

During the past 12 months, there have been no staff disciplined or terminated for violation of the OCJDC PREA Policy regarding sexual abuse or sexual harassment at this facility. This was confirmed during interviews with the Agency PREA Coordinator, Chief of Custody, and Senior Administrative Analyst (Human Resources).

(d) OCJDC Discipline Policy states “All terminations for violations of the OCJDC sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are required to be, and shall be reported, along with the reason and supporting documentation, to the State of New Jersey, Department of Children and Families.”

There were no staff reported to the Ocean County Prosecutor’s Office for violation of the OCJDC PREA Policy during the past 12 months at this facility. This was confirmed during interviews with the Agency PREA Coordinator and a representative from the Ocean County Prosecutor’s Office.

Reviewed documentation to determine compliance:

1. OCJDC PREA Policy
2. OCJDC Discipline Policy

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Chief of Custody
3. Interview with Senior Administrative Analyst (Human Resources)
4. Interview with Representative from Ocean County Prosecutor’s Office

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>(a) OCJDC Discipline Policy states “Any contractor or volunteer who engages in sexual abuse shall be prohibited from having access to OCJDC and shall be reported to law enforcement agencies for possible criminal prosecution, and to relevant licensing bodies.”</p> <p>There were no contractors or volunteers reported to the Ocean County Prosecutor’s Office for engaging in sexual abuse or sexual harassment of residents during the past 12 months at OCJDC. This was confirmed during interviews with the Agency PREA Coordinator, Chief of Custody, and a representative from the Ocean County Prosecutor’s Office.</p> <p>(b) OCJDC Discipline Policy states “OCJDC shall take appropriate remedial measures, if any exist, and shall consider whether to prohibit further contact with juveniles, in the case of any other violation of department sexual abuse and sexual harassment policies by a contractor or volunteer.”</p> <p>The Chief of Custody stated in an interview that if there was an alleged incident of sexual harassment or sexual abuse involving a contractor or volunteer, the facility would immediately remove the contractor or volunteer from the facility, contact the Ocean County Prosecutor’s Office, and would not allow the contractor or volunteer to return until the completion of an investigation per OCJDC PREA Policy. There were no reported instances of alleged sexual harassment or sexual abuse by any contractors or volunteers approved to enter the facility during the past 12 months at OCJDC.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. OCJDC Discipline Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Chief of Custody 3. Interview with Representative from Ocean County Prosecutor’s Office
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) OCJDC Discipline Policy states “If during the course of an investigation it is reported by the investigators or prosecutors that there is a preponderance of evidence to substantiate an administrative finding that a resident engaged in

resident-on-resident sexual abuse, the offending resident shall be subject to disciplinary sanctions.”

During the past 12 months, there were no findings of guilt for resident-on-resident sexual abuse that occurred at OCJDC. This was confirmed during interviews with the Agency PREA Coordinator, Chief of Custody, and a representative from the Ocean County Prosecutor’s Office.

(b) OCJDC Discipline Policy states “Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and sanctions imposed for comparable offenses by other residents with similar histories.”

An interview with the Agency PREA Coordinator confirmed that any disciplinary sanctions for residents violating the OCJDC PREA Policy, the facility would consider the nature of the incident, resident history, mental health diagnosis, and precedent of sanctions imposed under similar circumstances.

There were no incidents of residents being placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse during the past 12 months. This auditor was able to interview the Agency PREA Coordinator, Chief of Custody, staff, and residents who all confirmed isolation is not used at OCJDC.

(c) OCJDC Discipline Policy states “The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior.”

Interviews with the Agency PREA Coordinator and Chief of Custody confirmed that a resident’s mental health is considered when discipline is imposed for incidents of sexual abuse. In addition, the Agency PREA Coordinator noted the resident’s mental health diagnosis is reviewed and considered during any Sexual Abuse Incident Review following a Substantiated or Unsubstantiated finding to ensure appropriate discipline was imposed. If the allegations are criminal in nature, the Ocean County Prosecutor’s Office would be responsible for filing charges.

(d) OCJDC Discipline Policy states “To the extent possible, OCJDC shall consider whether to offer the offending resident participation in interventions such as therapy, counseling, or other programs designed to address and correct underlying reasons or motivations for the abuse.”

This auditor was able to interview the Agency PREA Coordinator and Chief of Custody during the on-site portion of this audit. These interviews confirmed OCJDC would offer outpatient mental health services through St. Francis Counseling Services for any resident found to have engaged in resident-on-resident sexual abuse while they are residing at the facility. The Agency PREA Coordinator stated the resident’s participation in outpatient therapy sessions is not always required as a condition of access to reward-based incentives. In addition, it was noted the mental health services the resident would be referred to would be designed to address and correct the underlying reasons or motivations of sexual abuse.

There were no allegations of resident-on-resident sexual abuse during the past 12 months at OCJDC.

(e) OCJDC Discipline Policy states “A resident may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. Such a finding may also require a referral for prosecution of the juvenile.”

This auditor interviewed the Agency PREA Coordinator who confirmed a resident would only be disciplined for sexual contact with a staff member upon finding the staff member did not consent to the sexual contact. There were no incidents of resident-on-staff sexual abuse at OCJDC during the past 12 months.

(f) OCJDC Discipline Policy states “A report of sexual abuse made in good faith based upon a reasonable belief that the alleged contact occurred shall not constitute falsely reporting an incident or lying, and may not be the grounds for disciplinary action, even if an investigation does not establish evidence sufficient to substantiate the allegation.”

An interview with the Agency PREA Coordinator confirmed residents are not disciplined for reports of sexual abuse made in good faith, even if the investigation did not establish evidence sufficient to substantiate the allegation. There were no residents disciplined during the past 12 months for making a report of sexual abuse in bad faith.

(g) Interviews with the Agency PREA Coordinator and Chief of Custody confirmed all sexual activity between residents is prohibited at OCJDC. This is also noted in the Resident Handbook that all residents received upon intake into the facility.

Reviewed documentation to determine compliance:

1. OCJDC PREA Policy
2. OCJDC Discipline Policy
3. OCJDC Resident Handbook

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Chief of Custody
3. Random Staff Interviews
4. Resident Interviews
5. Interview with Representative from Ocean County Prosecutor’s Office

115.381 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) OCJDC PREA Policy states “If the Vulnerability Assessment Instrument pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.”

During the past 12 months, there were two residents admitted into OCJDC who disclosed prior sexual victimization during their intake screenings. There were no residents residing at the facility during the on-site portion of this audit who disclosed prior sexual victimization during the administration of the Vulnerability Assessment Instrument. During interviews with the Agency PREA Coordinator and Social Workers who administer the Vulnerability Assessment Instrument, it was noted that residents who disclose prior sexual victimization during the administration of the Vulnerability Assessment Instrument are offered a follow-up meeting with a medical or mental health practitioner. However, this auditor was not provided with any documentation noting the residents were offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening. This will be addressed during the Corrective Action period.

(b) OCJDC PREA Policy states “If the Vulnerability Assessment Instrument pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.”

There were three residents admitted into OCJDC during the past 12 months who previously perpetrated sexual abuse. There were no residents residing at the facility during the on-site portion of this audit who previously perpetrated sexual abuse. During interviews with the Agency PREA Coordinator and Social Workers who administer the Vulnerability Assessment Instrument, it was noted that residents who had previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner. However, this auditor was not provided with any documentation noting that residents were offered a follow-up meeting with a mental health practitioner within 14 days of the screening. This will be addressed during the Corrective Action period.

(c) OCJDC PREA Policy states “Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.”

Interviews with the Agency PREA Coordinator, Social Workers who administer the Vulnerability Assessment Instrument, and a medical staff confirmed any information from the Vulnerability Assessment Instrument related to sexual victimization or

abusiveness is limited to medical staff, Social Workers, and administrative staff. It was noted any information from the Vulnerability Assessment Instrument related to sexual victimization or abusiveness relayed to staff is done so only for safety and security reasons and this information is documented in a Safety Plan to ensure the safety of the resident(s). This auditor was able to review communication to staff to confirm information from Vulnerability Assessment Instruments is for safety and security reasons only.

(d) OCJDC PREA Policy states “Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.”

During interviews with medical staff, mental health staff, and intake staff, it was noted they are mandated reporters and are required to report any information they receive from a resident relating to sexual abuse. All staff interviewed stated they inform the resident upon their initial meeting with the resident of their reporting duties.

Corrective Action:

OCJDC will ensure all residents who have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, are referred for a follow-up meeting with a medical or mental health practitioner within 14 days of the Vulnerability Assessment Instrument being administered. In addition, OCJDC will ensure all residents who have previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, are referred for a follow-up meeting with a mental health practitioner within 14 days of the Vulnerability Assessment Instrument being administered.

OCJDC will be expected to provide this auditor with documentation confirming all residents who experienced sexual abuse or perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner and/or medical practitioner within 14 days of the Vulnerability Assessment Instrument being administered. This practice will be monitored for 120 days. This auditor will then randomly select resident’s files (who have been admitted into the facility during the 120-day monitoring period) for residents who have experienced sexual abuse or previously perpetrated sexual abuse to confirm these residents were offered a follow-up meeting with a mental health practitioner and/or medical practitioner within 14 days of the administration of the Vulnerability Assessment Instrument.

Resolution:

During the Corrective Action period, OCJDC was able to develop a Referral Form that is to be completed by a Social Worker when it is noted on a Vulnerability Assessment Instrument that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community. This Referral Form documents that a resident who experienced sexual

	<p>abuse has been referred to a mental health practitioner or medical practitioner or perpetrated sexual abuse has been referred to a mental health practitioner within 14 days of being administered the Vulnerability Assessment Instrument. This auditor was provided with a template of the Referral Form that was created to confirm compliance. In addition, both Social Workers who administer the Vulnerability Assessment Instrument were educated on this requirement on January 17, 2023.</p> <p>During the Corrective Action period, there were 17 residents admitted to OCJDC and administered the Vulnerability Assessment Instrument within 72 hours of intake. None of the residents admitted into the facility during the Corrective Action Period had a history of sexual victimization or perpetrating sexual abuse. Therefore, there we no residents referred to a mental health practitioner and/or medical practitioner during the Corrective Action Period</p> <p>OCJDC is now in compliance with this standard.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. Completed Vulnerability Assessment Instruments 3. Resident Files 4. Referral Form Template <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Medical Staff 3. Interviews with Staff That Perform Screening for Risk of Victimization and Abusiveness
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) OCJDC PREA Policy states “Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.”</p> <p>OCJDC has a partnership with Ocean County Prosecutor’s Office Sexual Assault Response Team (SART). Forensic examinations are provided at the Ocean County Medical Center by a SANE who is part of the SART. It is the protocol of the SART that forensic examinations shall be performed by the SART SANE whenever they are</p>

available. In the absence of a SANE, the forensic examination would be performed by a qualified health professional at the Community Medical Center of Toms River. OCJDC has a signed Memorandum of Understanding with the Community Medical Center of Toms River to provide emergency medical services to victims of sexual abuse at the facility. In addition, the facility has a Memorandum of Understanding with St. Francis Counseling Services to provide emotional support and advocacy services. These services are provided at no cost to the victim. The Memorandum of Understanding with St. Francis Counseling Services was provided to this auditor for review. In addition, this auditor contacted a representative from the Ocean County Prosecutor's Office to confirm resident victims of sexual abuse at OCJDC receive the services noted in the partnership.

There were no residents at OCJDC who reported sexual abuse involving penetration during the past 12 months. Therefore, there were no residents referred to the Ocean County Medical Center for a forensic examination.

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

All staff at OCJDC are trained in their responsibilities to protect the victim and to preserve evidence during annual PREA trainings at the facility. All staff interviewed were educated and able to describe their responsibilities if they are a first responder to an allegation of sexual abuse. Staff at OCJDC are provided "PREA Cards" which note their responsibilities as first responders. All staff interviewed were carrying their "PREA Card" on their person and displayed it to this auditor when prompted.

(c) OCJDC PREA Policy states "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."

This auditor was able to interview a medical staff at OCJDC who stated any resident victim of sexual abuse would be offered information and timely access to emergency contraception and sexually transmitted diseases while at the Ocean County Medical Center and during follow up appointments with medical staff at the facility.

There were no residents at OCJDC who reported sexual abuse involving penetration that were referred to the Ocean County Medical Center for a forensic examination during the past 12 months.

(d) OCJDC PREA Policy states "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

OCJDC has a partnership with the Ocean County Prosecutor's Office SART. In addition, the facility has a Memorandum of Understanding with St. Francis

	<p>Counseling Services which notes sexual abuse victims receive rape crisis intervention services and follow-up services including accompaniment to law enforcement interviews and court.</p> <p>This auditor was able to interview the Agency PREA Coordinator, medical staff, a representative from the Ocean County Prosecutor’s Office SART, and a representative from St. Francis Counseling Services. All interviewed confirmed that any victim of sexual abuse would be referred to the Ocean County Medical Center and receive medical and mental health treatment at no cost to the victim.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. MOU with St. Francis Counseling Services <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Chief of Custody 3. Interview with Medical Staff 4. Interview with Representative from Ocean County Prosecutor’s Office Sexual Assault Response Team (SART) 5. Interview with Representative from St. Francis Counseling Services
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a) OCJDC PREA Policy states “The OCJDC shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.”</p> <p>Interviews with the Agency PREA Coordinator and a medical staff confirmed all residents residing at OCJDC meet with a medical staff for a medical evaluation upon their arrival to the facility (if they have been a victim of sexual abuse in a residential facility or not). It was noted these evaluations are completed during the resident’s first day at the facility.</p> <p>(b) OCJDC PREA Policy states “The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.”</p>

All residents at OCJDC meet with a medical staff for a medical evaluation during their first day at the facility. A medical staff interviewed noted if a resident was a victim of sexual abuse at OCJDC or in a residential facility, follow up services would occur more frequently, and recommendations would include specific follow up services upon release from the facility.

(c) OCJDC PREA Policy states "The OCJDC shall provide such victims with medical and mental health services consistent with the community level of care."

An interview with a medical staff confirmed the services offered to residents at OCJDC are consistent with the community level of care. The medical staff interviewed noted any resident victim of sexual abuse would have immediate access to medical staff and an outpatient mental health practitioner while they are residing at the facility.

(d) OCJDC PREA Policy states "Resident victims of sexually abusive vaginal penetration at OCJDC shall be offered pregnancy tests."

There were no incidents of sexual abusive vaginal penetration at OCJDC during the past 12 months. However, this auditor was able to interview the Agency PREA Coordinator and a medical staff during the on-site portion of this audit. Both confirmed that any resident who is a victim of sexual abusive vaginal penetration would be offered a pregnancy test and all lawful pregnancy-related medical services as part of the follow up to the incident.

(e) OCJDC PREA Policy states "If pregnancy results as a result of sexually abusive vaginal penetration, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services."

Interviews with the Agency PREA Coordinator and a medical staff confirmed any resident who would become pregnant as a result of a sexual assault at the facility would receive timely and comprehensive information about all pregnancy-related medical services available to them while they are at the Ocean County Medical Center and during follow up medical appointments with medical staff at OCJDC.

(f) OCJDC PREA Policy states "Resident victims of sexual abuse at OCJDC shall be offered tests for sexually transmitted infections as medically appropriate."

Interviews with the Agency PREA Coordinator and a medical staff confirmed any resident who is a victim of sexual abuse at OCJDC would be offered timely follow-up for sexually transmitted diseases as part of follow up appointments with medical staff. This would occur if the victim were tested at the Ocean County Medical Center or not.

(g) OCJDC PREA Policy states "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

Interviews with the Agency PREA Coordinator and a medical staff confirmed

	<p>treatment services are offered to the victim regardless of if they named the abuser or cooperated with the investigation.</p> <p>(h) OCJDC PREA Policy states “The OCJDC shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.”</p> <p>An interview with the Agency PREA Coordinator confirmed all known resident-on-resident abusers would receive a mental health evaluation within 60 days of their arrival. This includes any residents who have a history of resident-on-resident abuse at past residential facilities. It was noted that the resident would be referred to meet with a mental health practitioner from St. Francis Counseling Services.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Medical Staff
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115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a - b) OCJDC Data Collection and Review Policy states “Within 30 days of the conclusion of any sexual abuse investigation, a sexual abuse incident review shall be completed by the sexual abuse incident review team, unless the allegation was found to have been unfounded.”</p> <p>(c) OCJDC Data Collection and Review Policy states “The review team shall consist of the Superintendent, Training Coordinator, and PREA Coordinator. Input and/or participation shall also be solicited from supervisors, investigators, medical and mental health practitioners, and members of the standing PREA committee.”</p> <p>(d) OCJDC Data Collection and Review Policy states “The review team shall:</p> <ol style="list-style-type: none"> 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, sexual orientation or identification, perception of such status by

- other residents, gang affiliation, or group dynamics at the facility;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical conditions 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 the supervision by staff;
 6. Prepare a report of its findings, with any recommendations for improvement.”

(e) OCJDC Data Collection and Review Policy states “The review team’s recommendations shall be considered for implementation to improve the effectiveness of the OCJDC to protect residents. If the facility does not implement the recommendations for improvement, the facility shall document its reasons for not doing so.”

OCJDC documents Sexual Abuse Incident Reviews on a Sexual Abuse Incident Review form. All requirements listed in this standard are reviewed and considered by the facility. There were no allegations of sexual abuse at OCJDC during the past 12 months. This auditor was able to review the Sexual Abuse Incident Review form that would be completed by the Agency PREA Coordinator following a Sexual Abuse Incident Review at the facility. The Agency PREA Coordinator noted any time an allegation of sexual abuse is investigated and determined to be Substantiated or Unsubstantiated, a Sexual Abuse Incident Review would be held within 30 days of the facility receiving a determination at the completion of the investigation by the Ocean County Prosecutor’s Office.

The Agency PREA Coordinator stated the Incident Review Team consists of the Agency PREA Coordinator, Superintendent, upper-level administrative staff at the facility, medical staff, Social Workers, and a representative from the Ocean County Prosecutor’s Office. Two members of the Incident Review Team were interviewed during the on-site portion of this audit and were able to describe the review process that would take place if an allegation of sexual abuse is determined to be either Substantiated or Unsubstantiated. They both stated the Incident Review Team would convene within 30 days upon the completion of an investigation by the Ocean County Prosecutor’s Office for any Substantiated or Unsubstantiated allegations and recommendations include examining the need to change a policy or practice to better prevent, detect, or respond to sexual abuse or sexual harassment. Sexual Abuse Incident Reviews are headed by the Agency PREA Coordinator at OCJDC.

All Sexual Abuse Incident Reviews and findings are incorporated into the Annual PREA Report by the Agency PREA Coordinator. This information is reviewed by the Superintendent before its dissemination on the agency website.

Reviewed documentation to determine compliance:

1. OCJDC PREA Policy
2. OCJDC Data Collection and Review Policy

	<p>3. Sexual Abuse Incident Review Form Template</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interviews with Incident Review Team Members
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCJDC Data Collection and Review Policy states “OCJDC shall collect accurate, uniform data for every allegation of sexual abuse.”</p> <p>This auditor was able to interview the Agency PREA Coordinator who confirmed he collects uniform data for all allegations of sexual abuse and sexual harassment and enters this data into the facility PREA Database. In addition, this auditor was able to review the facility PREA Database with the Agency PREA Coordinator to confirm compliance. There was one allegation of sexual harassment at OCJDC during the past 12 months listed on the facility PREA Database.</p> <p>(b) OCJDC Data Collection and Review Policy states “OCJDC shall aggregate the incident-based sexual abuse data at least annually.”</p> <p>The Agency PREA Coordinator is responsible for gathering data on each reported incident of sexual abuse and sexual assault to aggregate an annual report. This auditor was able to review the OCJDC 2021 Annual PREA Report. This Annual PREA Report provided in-depth information regarding PREA implementation throughout the facility. The Annual PREA Report notes allegation statistics, definitions, and a comparison of statistics from previous years. In addition to the 2021 Annual PREA Report, this auditor also noted Annual PREA Reports from previous years were posted on the facility website. These Annual PREA Reports also noted allegation statistics, definitions, and a comparison of statistics from previous years.</p> <p>(c) OCJDC Data Collection and Review Policy states “The instrument used to collect such data shall be based on the standardized instrument known as the Survey of Sexual Violence (SSV).”</p> <p>The OCJDC Annual PREA Report includes the data necessary to complete the United States Department of Justice Survey of Sexual Victimization. OCJDC has not been asked by the Department of Justice to complete the Survey of Sexual Victimization during the past 12 months.</p>

	<p>(d) OCJDC Data Collection and Review Policy states “The data shall be collected, reviewed, and maintained on an on-going basis as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.”</p> <p>During an interview with the Agency PREA Coordinator, this auditor confirmed OCJDC utilizes data collected from incident reports, reports, investigation files, and incident reviews on a PREA Database. This information is then used to formulate the facility’s Annual PREA Report each year. This auditor was able to review the PREA Database and there was one allegation of sexual harassment listed that occurred during the past 12 months at OCJDC.</p> <p>(e) This substandard is not applicable to OCJDC as the facility does not contract with private facilities for the confinement of its residents.</p> <p>(f) OCJDC Data Collection and Review Policy states “Upon request, all such data from the previous calendar year shall be forwarded to the Department of Justice no later than June 30.”</p> <p>The Agency PREA Coordinator is responsible for providing all data to the United States Department of Justice from the previous calendar year upon request no later than June 30. The United States Department of Justice did not request OCJDC to complete the Survey of Sexual Victimization during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. OCJDC Data Collection and Review Policy 3. OCJDC PREA Database 4. 2021 OCJDC Annual PREA Report 5. OCJDC Website <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) OCJDC Data Collection and Review Policy states “OCJDC shall review data collected and aggregated pursuant to this standard 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;
3. Preparing an annual report of its findings and corrective actions for the facility.”

This auditor interviewed the Agency PREA Coordinator and he stated he reviews data collected and aggregated to assess and improve the effectiveness of the facility's prevention, detection, and response policies and trainings. He stated OCJDC ensures the data collected is securely retained in the facility PREA Database.

(b) OCJDC Data Collection and Review Policy states “Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the department’s progress in addressing sexual abuse.”

OCJDC completes an annual report which details statistics of reported allegations of sexual abuse and sexual harassment. This annual report includes a comparison of the current year’s data and corrective actions with those from prior years. This auditor was able to review the 2021 OCJDC Annual PREA Report and confirmed this report contained the above-mentioned data, comparisons, and corrective actions.

This annual report, along with annual reports from previous years, are posted on the facility website.

(c) OCJDC Data Collection and Review Policy states “The OCJDC’s report shall be approved by the Superintendent and made readily available to the public through its website.”

OCJDC Annual PREA Reports are approved by the Superintendent and made available through the facility’s website. This was confirmed during an interview with the Agency PREA Coordinator and by reviewing the facility website.

(d) The 2021 Annual PREA Report is posted on the facility website and was reviewed by this auditor. It was confirmed that specific material/information has been redacted from this report.

The Agency PREA Coordinator was interviewed and stated information that would present clear and specific threats to the safety and security of the program is redacted from the annual report as noted in the OCJDC Data Collection and Review Policy.

Reviewed documentation to determine compliance:

1. OCJDC PREA Policy
2. OCJDC Data Collection and Review Policy
3. OCJDC Website
4. 2021 OCJDC Annual PREA Report

	<p>5. OCJDC PREA Database</p> <p>Interviews:</p> <p>1. Interview with Agency PREA Coordinator</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCJDC Data Collection and Review Policy states “All data collected pursuant to this section will be securely retained.”</p> <p>An interview with the Agency PREA Coordinator confirmed OCJDC takes corrective action on an on-going basis utilizing the data collected. This corrective action is noted in Annual PREA Reports that are prepared by the Agency PREA Coordinator and reviewed by the Superintendent on an annual basis. All data collected is securely maintained on the facility PREA Database.</p> <p>(b) OCJDC Data Collection and Review Policy states “All aggregated sexual abuse data, including any from private facilities with which OCJDC may contract with, shall be made readily available to the public at least annually through the facility website.”</p> <p>OCJDC makes all aggregated sexual abuse data readily available to the public on the facility website. Each year, the facility’s Annual PREA Report is prepared by the Agency PREA Coordinator, reviewed by the Superintendent, and made available to the public through the facility website. OCJDC Annual PREA Reports since 2018 are posted on the facility website and were reviewed by this auditor to confirm compliance with this standard.</p> <p>(c) OCJDC Data Collection and Review Policy states “Before making aggregated sexual abuse data publicly available, OCJDC shall remove all personal identifiers.”</p> <p>This auditor was able to review Annual PREA Reports posted on the facility website since 2018 and confirmed all personal identifiers were removed prior to being posted on the facility website.</p> <p>(d) OCJDC Data Collection and Review Policy states “The data collected will be maintained for at least ten years after the date of its initial collection.”</p> <p>This was confirmed during an interview with the Agency PREA Coordinator and by reviewing the OCJDC PREA Database.</p>

	<p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC PREA Policy 2. OCJDC Data Collection and Review Policy 3. OCJDC Website 4. 2021 OCJDC Annual PREA Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) OCJDC was audited during the third year of the first three-year PREA cycle (audited on December 16 - 17, 2015 and was found to be fully compliant on June 27, 2016) and during the first year of the third three-year PREA cycle (audited on December 2 - 3, 2019 and was found to be fully compliant on January 3, 2020). These audit reports are posted on the facility website. This re-audit occurred during the first year of the fourth three-year PREA cycle on December 12 - 13, 2022.</p> <p>(b) OCJDC was audited during the first and third 3-year PREA cycles. This facility was not audited during the second PREA cycle.</p> <p>(h) This auditor had unimpeded access to all areas of OCJDC during the on-site portion of this audit. The administrative team at OCJDC accompanied this auditor on the tour of the facility. All areas in which residents have access to were toured.</p> <p>(i) This auditor received all requested documentation from the Agency PREA Coordinator in a timely fashion throughout the audit process.</p> <p>(m) This auditor was provided a private area to conduct interviews with both residents and staff during the on-site portion of this audit.</p> <p>(n) PREA Audit notifications in both English and Spanish were posted in all living units, visiting areas, and the facility lobby at least six weeks prior to the on-site portion of this audit (posted on October 25, 2022). An address was provided on this notification for the residents to be able to send confidential correspondence to this auditor. Dated photographs were emailed to this auditor to confirm the notifications were posted in the above-mentioned areas of the facility. This auditor did not receive any correspondence from any residents, staff, contractors, or volunteers.</p> <p>Reviewed documentation to determine compliance:</p>

	<ol style="list-style-type: none"> 1. OCJDC Pre-Audit Questionnaire 2. PREA Audit Notifications (English and Spanish) 3. Photographs of PREA Audit Notifications 4. Tour of Facility 5. OCJDC Website
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(f) This auditor confirmed that OCJDC has published the Final Audit Reports from the first and third PREA cycles on the facility website. This facility was not audited during the second PREA cycle.</p> <p>This audit report notes that the facility-wide policies and procedures comply with the relevant PREA standards. This audit report also describes the methodology, sampling sizes, and basis for this auditor’s conclusions regarding each standard. Any personally identifiable resident or staff information was redacted from this report.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. OCJDC Website

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.)	na
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".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

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

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

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	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	yes

	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?	
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 aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	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 through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
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	Hiring and promotion decisions	

(c)		
	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	yes

	employees?	
	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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
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	yes

	the agency attempt to ascertain information about: Age?	
	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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
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	yes

	making facility and housing placement decisions and programming assignments?	
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	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this 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	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
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	yes

	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?	
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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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	yes

	accordance with these standards?	
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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: 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	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	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	yes

	does not provide a basis for terminating an investigation?	
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	yes

	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?	
	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.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that 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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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	yes

	cooperates with any investigation arising out of the incident?	
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	na

	the confinement of its residents.)	
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	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
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