

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: May 17, 2017

Auditor Information			
Auditor name: Robert Lanier			
Address: P.O. Box 452, Blackshear, GA 31516			
Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: April 26, 2017			
Facility Information			
Facility name: Middlesex County Juvenile Detention Center			
Facility physical address: 99 Apple Orchard Lane North Brunswick NJ 08902			
Facility mailing address: <i>(if different from above)</i> PO Box 7164 North Brunswick NJ 08902			
Facility telephone number: 732-297-8991			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: James White			
Number of staff assigned to the facility in the last 12 months: 76			
Designed facility capacity: 100			
Current population of facility: 50			
Facility security levels/inmate custody levels: Maximum Security			
Age range of the population: 12 - 22			
Name of PREA Compliance Manager: Mark Petscavage		Title: Senior Officer	
Email address: mark.petscavage@co.middlesex.nj.us		Telephone number: 732-297-8991 ex. 6523	
Agency Information			
Name of agency: Office of Adult Corrections and Youth Services			
Governing authority or parent agency: <i>(if applicable)</i> Middlesex Board of Chosen Freeholders			
Physical address: 99 Apple Orchard Lane North Brunswick NJ 08902			
Mailing address: <i>(if different from above)</i> PO Box 7164 North Brunswick NJ 08902			
Telephone number: 732 - 297 - 8991			
Agency Chief Executive Officer			
Name: Mark Cranston		Title: Warden	
Email address: mark.cranston@co.middlesex.nj.us		Telephone number: 732 -297-3636	
Agency-Wide PREA Coordinator			
Name: Bobbie Danino		Title: PREA Coordinator	
Email address: bobbie.danino@co.middlesex.nj.us		Telephone number: 732-297-8991 ex. 6290	

AUDIT FINDINGS

NARRATIVE

The onsite audit of the Middlesex County Juvenile Detention Center was conducted on April 26, 2017. Six weeks prior to the onsite audit the auditor forwarded the Notice of PREA Audit and requested that it be posted in areas accessible to staff, residents, contractors, visitors and volunteers. The Notices provided contact information enabling anyone interested in communicating with the auditor regarding any PREA related issue to write him. The auditor did not receive any communications from anyone. The auditor contacted the Agency's PREA Coordinator early in the process and communications were frequent and helpful. The Agency's PREA Coordinator is a real communicator who is very knowledgeable of the PREA Standards. She was always more than responsive to any request from the auditor. Thirty days prior to the onsite audit the PREA Coordinator and the Facility's PREA Compliance Manager sent the auditor a flash drive containing the Pre-Audit Questionnaire, agency policies and procedures and additional supporting documentation enabling the auditor to understand the operations of the detention center and to assess compliance. Additional documents to support compliance were requested by the auditor to be provided onsite. By prior agreement, the facility agreed to allow the auditor to arrive at the facility prior to the overnight shift staff departing the center.

The auditor arrived at the facility at approximately 0545 to interview overnight shift staff. The auditor was greeted by the Facility PREA Compliance Manager. Following brief introductions, the auditor began interviewing overnight shift staff. After these interviews, the auditor continued interviewing staff from the day shift. After administrative staff arrived, the PREA Compliance Manager and the PREA Coordinator escorted the auditor on a tour of the facility. This facility is a spacious, clean and attractively furnished. It has all the appearance of a school campus. The facility was constructed with wide open space enabling viewing. Additionally, windows are in offices, housing units, classes and virtually everywhere, also facilitating easy viewing. Cameras are strategically located throughout the facility supporting staff supervision. Staff were observed conscientiously supervising youth at all times. Youth going to appointments were escorted. Staff were positioned outside classrooms observing through huge windows.

After the tour, the auditor met with the Superintendent, Assistant Superintendent and continued interviews with random and specialized staff, followed by interviews with residents. There were no disabled residents nor were there any residents with limited English proficiency. There were no residents in the facility who had reported prior sexual victimization nor were there any residents in the facility who had experienced sexual victimization in this facility.

The facility provided the additional requested documentation for review. Following this review, the auditor met with the Superintendent, PREA Compliance Manager and PREA Coordinator to discuss preliminary findings.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Middlesex County Juvenile Detention Center is a 100 bed maximum security facility comprised of seven (7) living units, a gymnasium, a cafeteria, and a school area. Four of the units are 12 bed units, two are 16 bed units, and one is a 20 bed unit. All of the units are single bed rooms with the exception of the 20 bed unit which sleeps 2 residents per room.

The Middlesex County Juvenile Detention Center provides short-term secure custody for juvenile offenders as determined by the New Jersey Superior Court - Family Part. It currently houses offenders from four counties (Monmouth, Mercer, Somerset, and Middlesex) and operates through the development and implementation of broad based services that, integrated with consistent supervisory practices and procedures, result in a safe, secure and appropriate environment, free from sexual abuse and sexual harassment in accordance with the Prison Rape Elimination Act (PREA) of 2003.

SUMMARY OF AUDIT FINDINGS

The auditor's methodology included the following: 1) Providing Notice of PREA Audit enabling anyone with any PREA related issues to communicate with the auditor; 2) Reviewing information reported on the Pre-Audit Questionnaire as well as policies, procedures and supporting documentation provided on the flash drive prior to the onsite audit; 3) Requesting additional samples of documents to review onsite; 4) Conducting an onsite audit; 5) Tour the facility to observe supervision of residents, staffing levels, how the facility mitigates blind spots (cameras, mirrors, key restrictions, staff placement for supervision), locations and accessibility of phones, observation of living quarters, observation of restrooms, showers and areas for changing clothing and accessibility of PREA related posters; 6) Interviewing randomly selected staff; 7) Interviewing specialized staff; 8) Interviewing random residents as well as any special category residents 9) Interviewing a contractor, volunteer and outside support services organization staff and 10) Reviewing additional documentation.

The auditor reviewed 41 standards. Thirty-six (36) standards were rated "meets". Three (3) standards were rated "exceeds". These included 115.313 Supervision and Monitoring; 115.335, Specialized Training, Medical and Mental Health Care; and 115.341, Screening for Victimization and Abusiveness. Two standards were rated "not applicable". These were: 115.312, Contracting with other entities for the confinement of residents and 115.318, Upgrades to facilities and technology.

Number of standards exceeded: 3

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

The Middlesex Juvenile Detention Center PREA Policy clearly states the Department has a zero tolerance for all forms of sexual misconduct and sexual harassment. Policy prohibits staff, which includes Department employees, persons providing services by agreement with or under contract with the Department, and volunteers from engaging in sexual misconduct, abuse or harassment of a resident.

The facility has a policy outlining how it will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes the definitions of prohibited behaviors regarding sexual abuse and sexual harassment as written in the PREA Standards. The Middlesex County Juvenile Detention Center PREA Policy describes, throughout the policy, the strategies the agency and facilities have implemented to reduce and prevent sexual abuse and sexual harassment of residents. The Agency has designated a PREA Coordinator to implement, coordinate and oversee the implementation of the PREA Standards in the County’s Adult Correctional Center and the Juvenile Detention Center. Interviews before, during and after the on-site PREA Audits confirmed the Agency has appointed an intelligent, motivated, knowledgeable and experienced staff member to serve as the PREA Coordinator for the Agency.

The reviewed Agency’s Organizational Chart, reflecting the lines of authority and responsibility within the organization, identified the PREA Coordinator’s position and the lines of authority indicated the Coordinator reports directly the Agency Head. This demonstrates the value the Agency has placed on PREA and the sexual safety of inmates and residents in their care and custody. PREA Policy, Procedure B., Department PREA Coordinator and Facility PREA Compliance Managers, charges the Agency PREA Coordinator with the responsibility for developing, implementing, and overseeing the Department’s efforts to comply with the PREA Standards in all its facilities. Additional responsibilities include receiving and tracking responses to reports of sexual misconduct. Procedure B. outlines the duties of the PREA Coordinator. A formal interview with the PREA Coordinator confirmed she has sufficient time and authority to perform her PREA related duties. She indicated the Warden of the Middlesex County Correctional Center, who is the Agency Head, is an intelligent and very proactive administrator who values PREA. She indicated she has his complete support and has supported any recommendations in the implementation of PREA in his facilities. According to the PREA Coordinator, the Agency Head (also serving as the Warden of the Middlesex County Correctional Center) holds at least monthly meetings with his executive team, which enables her to bring any PREA related issues to the table with the staff that can ensure policies and procedures are implemented and to ensure practice is consistent with policy. She also related she has been actively involved in ensuring inmates at the adult center and juveniles at the juvenile detention center are made aware of the Zero Tolerance Policy and how to prevent and report sexual abuse or sexual harassment. Two PREA Compliance Managers report to the PREA Coordinator.

The Agency PREA Policy, in Paragraph 3 of Procedure B., requires each Administrator/Warden to designate a PREA Compliance Manager (PCM) to coordinate the facility’s compliance with PREA standards. It also requires the PREA Compliance Manager to be a staff person who has a supervisory position at the facility. Procedure B. also addresses additional specific responsibilities of the PCM.

The Superintendent has designated a higher-level staff to serve as the facility’s PREA Compliance Manager. An interview with the PREA Compliance Manager indicated he has complete and unrestricted access to the Superintendent and Assistant Superintendent, as needed, in implementing PREA and overseeing its implementation. An interview with the PREA

Compliance Manager indicated that he is a knowledgeable individual who has a grasp of the PREA Standards but also a real grasp of how to implement them in his facility.

Interviewed staff related they have been trained in the zero-tolerance policy and are aware that no form of sexual misconduct is tolerated and will result in disciplinary action and possible referral for prosecution. Multiple training rosters as well as PREA Acknowledgment Statements confirmed staff is trained in PREA, including the zero-tolerance policy. One-hundred percent of the Interviewed residents indicated they were aware the agency has a zero tolerance for any form of sexual misconduct and that violations of agency policy may result in disciplinary sanctions and referral for prosecution for acts that appear criminal in nature.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

This standard is rated “not applicable”. The facility does not contract with outside entities for the confinement of residents.

Standard 115.313 Supervision and monitoring

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

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

It is the policy of the Office of Adult Corrections and Youth Services, Juvenile Detention Center, to follow a daily staffing plan that complies with the standards for operation set forth by the New Jersey Juvenile Justice Commissions Manual of Standards (13: 92 - 10.6 [g]), the Juvenile Detention Center’s Policy and Procedures Manual (1.02.2), and the PREA Standards for Compliance. The Purpose of this policy is to provide a safe and secure environment, free from any threat of violence, sexual abuse or sexual harassment for all residents and staff of the Juvenile Detention Center. All staff, contractors, and volunteers are trained in the policy regarding the Prison Rape Elimination Act (PREA) and the zero tolerance policy, as well as the prevention, detection, elimination, response, and obligation to report all incidents of sexual abuse/harassment.

The facility’s staffing predicated upon the staff to resident ratios established by the State of New Jersey. The mandated ratio
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is one (1) staff to eight (8) residents during waking hours and one (1) staff to sixteen (16) residents during sleeping hours. The Facility does not deviate from these required ratios. This was confirmed through line staff interviews, interviews with the PREA Compliance Manager and Superintendent and through reviewed documentation provided by the facility. The reviewed staffing plan requires that all daily staff assignments comply with the eight (8) residents to one (1) officer daytime ratios and sixteen (16) residents to one (1) sleep time ratios. The Plan requires that deviations from the ratios will only be under exigent circumstances and only with the permission of the Superintendent or his designee. In the event of any deviation, policy requires the reasons for the deviation are required to be documented as well as corrective action to be taken to correct the issue. Additionally, it also prohibits any deviation at all in the living units. If staff calls in, transport staff, intake staff or other non-essential posts would be pulled to cover the living units. The Superintendent has been proactive in the deployment of staff by establishing transport officer positions. These staff are available to provide supervision if staff call in and other support staff are not available. Reviewed POST Orders are detailed and even instruct officers where to position themselves in the housing units to provide supervision. Officers not assigned to the housing unit are prohibited from entering a housing unit to which he/she is not assigned except for authorized administrative staff and staff responding for security reasons. POST Orders require officers assigned to living units to ensure all doors are locked and secure to prevent unauthorized entry.

The Facility uses video surveillance cameras that capture most of the areas of the unit. The facility has a total of 76 video monitoring cameras strategically placed throughout the detention center. The staffing plan states that while video monitoring is helpful in preventing sexual abuse and essential in assisting investigations it is not a substitute for staff supervision. Staff is cautioned to pay special attention to blind spots or areas where staff or residents may be isolated. The PREA Compliance Manager, in his interview, related the facility has never deviated from that plan/ratio. In the event of unexpected and/or unforeseen absences or "call outs", the PCM related the facility has the capability of pulling staff from other areas of the facility without jeopardizing safety and security or adversely affecting the ratios. He also stated transport officers may be used in the event of "call outs" or staff will be held over or support and non-essential posts could be closed and those staff used to provide direct supervision to ensure the ratios are maintained. The Superintendent was adamant that the ratios are always maintained and exceeded in this facility. He said every "call out" will be replaced with a staff person. He also related that the New Jersey Juvenile Justice staff monitors the ratios. He also has a philosophy that "wherever there are residents, there is staff."

During the entire period of the on-site audit there was never an occasion in which a resident was not being supervised by a staff, even during movement to appointments.

The Middlesex County PREA Policy requires facility intermediate or higher level supervisors to conduct unannounced rounds to identify and deter staff sexual misconduct and sexual harassment. The Facility's Staffing Plan requires the Middlesex County Juvenile Detention Center to ensure the living units are properly supervised to prevent sexual abuse or sexual harassment and maintaining order within the unit by conducting unannounced inspections of the housing units. The SJDO in charge of the shift is required to conduct unannounced visits to each housing unit once an hour when duties permit but not less than once every two (2) hours per shift. PREA Rounds require ensuring: 1) Assigned officers are present and stationed properly; 2) Residents are where they are supposed to be; 3) Scheduled activities are in progress; 4) General orderliness of the unit is acceptable and all unit doors (bathroom, showers, laundry, counseling rooms etc.) are locked when not in use. Unannounced inspections are also conducted by the PREA Compliance Manager on all three shifts a minimum of once per month to ensure compliance with the PREA Standards. Documentation of unannounced rounds were provided for review. These documented unannounced rounds being made in compliance with policy. Staff are prohibited from alerting other staff of these supervisory rounds.

The staffing plan is reviewed by the Superintendent, the PREA Coordinator, the PREA Compliance Manager and other administrative personnel. Revisions are made as needed as a result of the reviews. The PREA Coordinator and PREA Compliance Manager confirmed annual review considering the items required by the PREA standards.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

Middlesex County PREA Policy, Procedure G, Limits to Cross Gender Viewing and Searches; Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI) Residents, prohibits cross-gender strip and body cavity searches except in exigent circumstances when ordered by the Warden/Superintendent or when performed by medical practitioners. Likewise, cross-gender pat down searches are prohibited except in exigent circumstances. Policy also requires all such searches to be documented and to be justified. Middlesex County Juvenile Detention Center Policy, 5.05, Searches, requires an officer of the same sex to conduct pat-frisk searches. The same policy requires an officer of the same sex to conduct strip searches in a private setting with a “same sex” staff witness. With female youth, if a second “same sex” staff is not available, a female Social Worker or female Nurse will witness the strip search of a female youth. Policy prohibits cross gender strip searches except in exigent circumstances when ordered by the Superintendent. One hundred percent (100%) of the 10 random staff who were interviewed stated they are prohibited from conducting cross gender strip searches, absent exigent circumstances and that although staff have been trained in cross gender searches, staff do not conduct “pat” searches absent exigent circumstances. Interviewed staff related they had never conducted a cross gender search of any kind and that there was always enough male and female staff on the shifts to conduct same sex searches. One hundred percent (100%) of 10 interviewed residents representing all housing units and both genders confirmed they have never been either strip or “pat” searched by a cross gender staff.

Staff are also prohibited by policy from searching or physically examining a transgender or intersex resident for the sole purpose of determining the person’s genital status. In the event the status is unknown, policy requires that it be determined by discussing the matter with the resident, reviewing medical records and, if necessary by a medical examination, however, any such medical exam should be conducted as a part of a regular medical examination or screening that is required or offered to all residents. Transgender and intersex residents should not be stigmatized by being singled out for specific genital examinations. All of the interviewed staff indicated they had been trained to conduct searches of transgender and intersex inmates in a professional and respectful manner. Staff is trained to search all persons with respect, courtesy and in a professional manner.

Procedure G., Limits to Cross Gender Viewing and Searches, requires that residents are able to shower, change clothes and perform bodily functions without staff members of the opposite gender viewing them, except in exigent circumstances. The facility has single occupancy rooms in each of the dorms. The Honors Dorm has single occupancy and double occupancy rooms. The toilet, lavatory and shower located in each living unit provides complete privacy for residents while using the restroom and showering. Showers and restrooms are behind solid doors that prevent viewing and showers have curtains. The facility requires residents to be dressed when going to and from the showers. Male youth are not allowed to take their shirts off. They must be completely covered when going into and returning from the shower. There are no cameras in the restroom/shower room. If a youth has to use the restroom during the night, two staff must be present. Policy extends this prohibition of staff viewing residents of the opposite gender to include staff members who monitor cameras. There is a camera in a “safe cell” for residents who are potentially suicidal however there is no restroom facility in the room and the youth is clothed in the room. One-hundred percent (100%) of the interviewed staff as well as one-hundred percent (100%) of the interviewed residents confirmed residents can dress, shower and use the restroom without being viewed by staff.

Transgender and intersex residents are given the opportunity to shower at separate times from other residents. Interviewed staff confirmed transgender and intersex residents are given the opportunity to shower at separate times from

other residents. Showers are designed for single occupancy and are located behind closed doors. Staff of the opposite gender is required to announce their presence when entering a housing unit or an area where residents are likely to be showering, performing bodily functions or changing clothing. Interviewed staff related that staff consistently announces their presence when entering the units housing residents of the opposite gender. Interviewed residents consistently reported staff does not announce their presence when entering the living units however they stated they could see them coming into the unit. Discussions with administrative staff indicated that staff have been trained to announce their presence and will reiterate this requirement via a directive from the Agency PREA Coordinator. All of the interviewed residents stated that staff do not observe them changing clothing, showering or using the restroom. Determinations whether to assign a transgender or intersex resident to a male or female unit and other program assignments will have to be individualized, taking into account the views of the resident and be based on protecting the resident's safety and mental health while maintaining safety and security in the facility. Middlesex County Procedures prohibit LGBTI residents from being housed in dedicated pods or wings solely on the basis of identification or status. An interview with the Agency PREA Coordinator and the Facility PREA Compliance Manager confirmed that they have had a transgender female in the facility in the past and that after discussing housing for the resident in the weekly classification meeting, the classification team believed it to be in the best interest of the resident and the facility for the resident to be housed on the female unit. After receiving approval from the Head of the Department of Corrections/Warden, the facility placed the transgender resident in the female housing unit without issue or incident.

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

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

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

Middlesex County Juvenile Detention PREA Policy, E., Education, requires in paragraphs six and seven, that education shall be in formats accessible to all residents, including, but not limited to, those who are limited English proficient, hearing impaired, visually impaired, developmentally disabled, or who have limited reading skills. Receipt of this education shall be documented for each resident. Policy also requires that the facility will not rely on resident interpreters, readers, or other types of resident assistants, except in exigent circumstances where a delay would compromise a resident's safety. The facility has staff that is bilingual and may be used to translate. In the absence of staff who may serve as translators/interpreters, the county has a contract with a telephonic interpretive service. The interpretive services are provided through the contract with Language Line. This provides professional interpretive services with interpreters who have been deemed certified to provide those services. The facility also has an educational program with certified teachers. If a youth had some other disability including hearing or vision impairment or intellectual deficits, teachers would be able to provide assistance in interpreting for the youth.

There were no limited English residents at the facility during the audit period. The Pre-Audit Questionnaire reported there were no occasions during the past twelve months in which a resident interpreter was used for interpretive services in assisting a resident in making a report of sexual abuse or sexual harassment.

Interviewed staff, for the most part, indicated they would allow a resident interpreter only in emergencies. A few staff were aware of the availability of interpretive services through Language Line however they indicated their supervisors would be making those decisions and they would know how to access interpretive services. There are no disabled or limited English proficient residents in the facility at this time. The Pre-Audit Questionnaire indicated

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there were no occasions during the past twelve (12) months in which another resident was used to interpret or translate for a resident reporting an allegation of sexual abuse or sexual harassment. This was also confirmed during interviews with the administrative staff.

Standard 115.317 Hiring and promotion decisions

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

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

Middlesex County PREA Policy, Procedure F., Hiring and Contracting and Middlesex Corrections Department, Number 1.01.02-4, Hiring/Re-Hiring of Security Staff, prohibits hiring anyone or allow any contractor that has 1) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; 2) Been convicted of engaging or attempting to engage in sexual activity in the community by force, or if the victim did not consent or was unable to consent or refuse; or 3) Been civilly or administratively adjudicated to have engaged in the activity described above. Applicants and contractors who may have contact with residents directly are asked these questions on written applications. Omissions regarding disclosure of any such misconduct or falsification of information pertaining to sexual abuse or sexual harassment are considered grounds for termination. Policy requires staff to disclose any such misconduct at the time of hire or occurring anytime during while employed.

Policy also requires the facility to consider any incidents of sexual harassment in determining whether to hire or to enlist the services of any contractor who may have contact with residents.

Prior to hiring new employees who may have contact with residents, the Detention Center routinely conducts a criminal background check. In addition, background checks are completed every five years. Too, consistent with Federal, State and Local Law, the facility makes its best efforts to contact all prior institutional employers for information on the substantiated allegations of sexual abuse or any resignations during a pending allegation of sexual abuse. Contractors who will have contact with residents also will be required to have a background check. In addition to conducting a background check, the facility will also consult the state child abuse registry before hiring any applicant or before enlisting the services of any contractor who may have contact with residents.

The facility also will, unless prohibited by law, 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.

The hiring process at this facility is comprehensive and extensive and includes not only background checks and child abuse registry checks but also requires a psychological assessment by a Clinical Psychologist. Interviews with the staff responsible for the hiring process confirmed the process is detailed, “in-depth”, and illustrates the facility’s commitment to screen out applicants not suitable for this work and to ensure prospective employees do not have a criminal history. The facility provided multiple samples documenting background clearances for staff and contractors.

Standard 115.318 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)

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

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This standard is rated “not applicable”. The facility has not had any modifications to the facility nor have they had any upgrades to technology. Interviews with the Agency Head, Superintendent, PREA Coordinator and PREA Compliance Manager confirmed there have been no modifications to the existing facility during the past twelve months, nor have there been any upgrades to monitoring technology. Staff would definitely be involved in determining the placement of cameras as well as having input into any upgrades in the technology.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

PREA Policy, Procedure K, Criminal and Administrative Investigations, requires that upon receiving a report that a resident has been a victim of abuse, neglect, sexual abuse or sexual harassment, the Superintendent/designee immediately acts to protect the welfare of the resident and others who might be at risk. The facility ensures that an administrative and/or criminal investigation is completed for all allegations of sexual abuse/assault/misconduct/harassment and these investigations are done promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. The agency also requires that any reports of sexual activity are to be considered PREA issues until a full investigation indicates otherwise. An internal investigation is required immediately upon receiving the report. The Superintendent/designee notifies the Middlesex County Prosecutor’s Office when a preliminary investigation indicates there is evidence to support the allegation. Procedures limit the disclosure of identity or facts about the incidents to those individuals on a need to know basis, consistent with state and federal laws, regulations, statutes and professional licensure and ethical standards. Only individuals who have received specialized training for conducting sexual abuse investigation in confinement settings will be used to conduct investigations. Investigations will be conducted using protocols that comply with the PREA Standards. Investigators will gather evidence and preserve any evidence including any available electronic monitoring data, interview alleged victims, suspected perpetrators and witnesses and will review prior complaints and reports of sexual abuse involving the suspected perpetrator if applicable. An interview with the facility investigators indicated they are very knowledgeable of the investigative process. Both have received the on-line training offered by the National Institute of Corrections, “PREA: Conducting Sexual Abuse Investigations in Confinement Settings”. The Assistant Superintendent, a facility investigator, also serves as the Internal Affairs Investigator. He described in detail how he conducts investigations. He related he would bring in the “prosecutor’s” office investigators to conduct investigations for allegations that appear to be criminal. In those cases involving staff, he would conduct a parallel investigation for administrative purposes.

PREA Procedure B., Medical and Mental Health Care Practitioners, requires the Superintendent or designee, to whom the report of sexual misconduct involving a sexual assault is made, will ensure that if the alleged misconduct is alleged to have occurred within the prior 72 hours, the resident is immediately transported to a hospital for examination by medical personnel skilled in the collection of sexual forensic evidence and is offered the option of being supported by a victim advocate from the Center for Empowerment (Rape Crisis Center) during the examination. The facility related that the Juvenile Facility and Rape Crisis Centers are governed by the Department of Public Health and Safety and shared services are mandated. An interview with the Director of the Center for Empowerment confirmed the support services her organization would offer. An interview with medical staff at the facility confirmed that resident victims of sexual assault or alleged sexual assault would be transported to the Robert Wood Johnson Hospital. If the alleged sexual abuse incident occurred beyond 72 hours appropriate medical staff will seek the advice of a hospital regarding a forensic exam. If the resident refuses medical treatment, documentation should note that medical treatment was offered, however was refused by the patient. If a resident was not offered testing for sexually transmitted diseases at the hospital, the facility medical staff will offer it as soon as possible upon the resident's return to the facility and will offer antibiotics and/or antiviral treatment as deemed medically appropriate by the facility medical provider. If a female resident has not been offered emergency contraception at the hospital, the facility medical staff will notify the resident that they may return to the hospital for that purpose. Upon return from the hospital the resident will be offered a mental health screening. If the screening indicates the resident victim is at risk to hurt himself/herself or others, a mental health professional will be immediately notified. Otherwise the victim will be seen by a mental health professional within 24 hours or not later than the next business day to assess the need for crisis intervention and long term counseling. There is no charge to any victim for treatment services described regardless of whether the resident names the abuser or cooperates with any investigation arising out of the incident. The facility is required to offer medically and mental health care consistent with the community level of care for as long as such care is needed. Abusers are also offered access to care however while the facility must attempt to conduct a mental health evaluation and offer treatment when appropriate the abuser may refuse. This care is offered to any victim of sexual abuse regardless of the facility where the abuse occurred, even if not at this facility.

The facility's Pre-Audit Questionnaire documented that there were no forensic exams conducted during the past twelve (12) months. This was confirmed through interviews with the Agency PREA Coordinator, Facility PREA Compliance Manager, medical staff at the facility and interviews with other random and specialized staff as well as reviewed investigation reports. The Pre-Audit Questionnaire did however report there were seven (7) cases that were investigated administratively and no cases that appeared to be criminal in nature.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

PREA Policy, Procedure K, Criminal and Administrative Investigations, requires that upon receiving a report a resident has been a victim of abuse, neglect, sexual abuse/harassment, the Superintendent/designee immediately acts to protect the welfare of the resident and others who might be at risk. The facility ensures that an administrative and/or criminal investigation is completed for all allegations of sexual abuse/assault/misconduct/harassment and these investigations are done promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. The agency also requires that any reports of sexual activity are to be considered PREA until a full investigation indicates otherwise. An internal investigation is required immediately upon the receiving the report. The Superintendent/designee notifies the

Middlesex County Prosecutor's Office when a preliminary investigation indicates there is evidence to support the allegation. Procedures limit the disclosure of identity or facts about the incidents to those individuals on a need to know basis, consistent with state and federal laws, regulations, statutes and professional licensure and ethical standards. Only individuals who have received specialized training for conducting sexual abuse investigations in confinement settings will be used to conduct investigations. Investigations will be conducted using protocols that comply with the PREA Standards. Investigators will gather evidence and preserve any evidence including any available electronic monitoring data, interview alleged victims, suspected perpetrators and witnesses and will review prior complaints and reports of sexual abuse involving the suspected perpetrator if applicable.

An interview with the facility/internal affairs investigator and the PREA Compliance Manager confirmed they have been trained to conduct sexual abuse investigations in confinement settings. The investigators, both very knowledgeable staff, described the investigation process from the time a verbal report followed by an incident report is made. They related that once they receive an incident report they initiate the investigation. They related a step by step process consistent with the PREA Standards. The Internal Affairs Investigator related if the investigation involves a staff and/or if the allegation appears to be criminal they call in the 'prosecutor's' investigators or the internal affairs from the jail. In those cases he will conduct parallel investigation for administrative purposes and would support the criminal investigator.

The auditor reviewed 10 investigation reports for all of 2016 and through this point in 2017. The cases involved primarily youth on youth allegations of either sexual harassment, allegations of exposure; allegations of inappropriate touching and one allegation of employee misconduct. The investigation reports documented prompt notification upon learning of an incident. Additionally, the investigations involved interviewing the alleged victims, alleged perpetrators, witnesses and review of video tape, as applicable. Several of the harassment allegations were substantiated. Some were determined to be unsubstantiated because of a lack of evidence and one was determined to be unfounded. The complete investigation package should contain witness statements, other than the victim and/or alleged perpetrator, as applicable. The reports consistently documented separating the alleged victim and perpetrator, including in harassment allegations. The alleged perpetrators were commonly placed in the Behavior Management Unit and they were handled through either counseling or counseling and the disciplinary process.

Standard 115.331 Employee training

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

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

Middlesex County PREA Procedure C., Training, requires the Department PREA Coordinator to ensure that all staff who have contact with a resident receive initial training including the following:

- Zero Tolerance Policy
- How to fulfill their responsibilities with respect to sexual misconduct and sexual harassment prevention, detection, reporting and responsive policies and procedures;
- The rights of residents to be free from sexual abuse, assault, and harassment;
- Right of residents, staff, contractors, volunteers and others to be free from retaliation for reporting sexual abuse and harassment;
- Dynamics of sexual abuse and sexual harassment in confinement;

- Common reactions of sexual abuse and sexual harassment in confinement;
- How to detect and respond to signs of threatened and actual sexual abuse, how to distinguish between consensual and sexual abuse between residents;
- How to avoid inappropriate relationships with residents;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- Law governing consent for JDC youth.

This procedure also requires training to include subject areas specific to each gender and effective and professional communication with persons of each gender and all sexual orientations.

In addition to Power Point Training, staff is also required to watch 4 hours of training videos.

Staff PREA Acknowledgment Statements affirm understanding the Agency’s Zero Tolerance Policy, staff obligations to maintain clear boundaries with residents and to uphold proper supervisory relationships with objectivity and professionalism. It also affirms that staff understands that any sexual contact between a resident/inmate and an employee, volunteer, contractor or intern is sexual abuse. By signing the PREA Acknowledgment Statement staff acknowledges that they have received PREA Training and understand the Department’s position on zero tolerance of sexual abuse and sexual harassment, including staff responsibility to report any findings of sexual abuse or sexual harassment immediately.

The auditor asked for and was provided samples of PREA Acknowledgment Statements to confirm staff PREA Training. Staff, in their interviews, affirmed they had all received PREA training, ranging from new employee training thru annual in service training and refresher training. Staff, in their interviews, acknowledged to the auditor they had received PREA training in each of the 10 topics identified in the standards. Interviews with random staff and specialized staff indicated they are knowledgeable of PREA.

Standard 115.332 Volunteer and contractor training

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

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

Middlesex Procedure C., Training,3., States the level and type of training provided to volunteers and contractors will be based on the services they provide and the level of contact they have with residents, but all who have contact with residents will be notified of the zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Additionally the Agency PREA Coordinator ensured all volunteers receive refresher training every two years. The PREA Coordinator in collaboration with the facility Compliance Manager provides refresher information on current sexual abuse and sexual harassment policies as needed during the years when refresher training is not conducted. All training is documented. The Middlesex County Office of Adult Corrections and Youth Services Contract Staff and Volunteer PREA Training acknowledgment statement provides a policy statement advising contractors and volunteers of the agency’s zero tolerance policy concerning sexual abuse/assault and sexual harassment within its adult and juvenile facilities through compliance with the Prison Rape Elimination Act (PREA) of 2003. It instructs contractors and volunteers that they must be aware that unprofessional relationships will not be tolerated and violations of this policy may result in disciplinary sanctions and/or criminal prosecution. The training includes the definitions of sexual abuse, sexual assault, sexual contact and sexual harassment. It tells contractors and volunteers there is no such thing as consensual sex between staff, contractor or volunteer and inmate or resident. It is a criminal offense for any employee, contractor or volunteer to engage in any form of sexual activity with any person in custody. Reporting requirements are discussed and include a requirement that all contractors and

volunteers are required to report knowledge of any alleged, threatened or actual violations of this policy to their supervisor, the PREA Coordinator, or the facility director (Warden/Superintendent). They are also advised they may privately or anonymously report to the PREA Reporting Hotline. Lastly, they are reminded failure to report may result in administrative, criminal or disciplinary sanctions appropriate to individual status. Contractors and Volunteers sign the form acknowledging they understand the information provided and agree to comply with the provisions of the policy. Samples of acknowledgment forms were provided. There have been no allegations of sexual abuse or sexual harassment involving a contractor or volunteer during the past twelve (12) months.

Standard 115.333 Resident education

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

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

Each resident, during the intake process, and not later than 72 hours, receives a resident pamphlet, "Additional Information about Sexual Misconduct and Reporting" informing them of the facility's zero tolerance policy, their right to be free from sexual abuse and sexual harassment; their right to be free from retaliation for reporting; how to report both verbally and in writing; accessing the reporting hotline; and utilizing third party reporting. Residents sign an acknowledgement of the agency's zero tolerance for sexual abuse and sexual assault within its facilities. They acknowledge the intent of PREA. Additionally, they acknowledge their pamphlet includes information on the multiple ways of reporting sexual abuse/harassment both internally and externally and includes information on reporting, Department's Zero Tolerance Policy, including resident on resident sexual abuse/harassment and staff on resident sexual abuse/harassment. They acknowledge they were given the opportunity to and were encouraged to ask questions on the information they received. Their signature on the acknowledgement affirms they are acknowledging that they received the PREA material and understand the Department's position on zero tolerance of sexual abuse and sexual harassment. Within 10 days of admission to the facility, policy requires each resident receives comprehensive education on sexual abuse and sexual harassment by video or in person. In addition, the facility ensures that key information is continually and readily available visible to residents through posters, handbooks or other written materials. Residents receive such education upon transfer to a different facility to the extent that the policies and procedures differ at the new facility.

PREA Education is provided in formats accessible to all residents, including, but not limited to those who are limited English proficient, hearing impaired, visually impaired, developmentally disabled or who have limited reading skills. Receipt of this education is signed and documented for each resident.

A variety of staff perform intake functions. An interview with an intake staff indicated that he gives newly assigned residents a PREA Pamphlet and talks with them about zero tolerance, their rights to be free from sexual abuse and sexual harassment and from retaliation as well as who to report to and how. He related that newly implemented procedures are for the PREA Pamphlet to be given to each newly assigned resident and to show them the PREA Video covering the topics required by the PREA Standards.

Interviews with residents indicated they received the PREA Pamphlet and recently have been watching the PREA Video as well as having attended PREA Classes. All of the interviewed residents were aware of the zero- tolerance policy. Most of the residents related they would report sexual abuse to staff, either an officer or a social worker, file a grievance (Yellow Sheet), or use the hotline. When asked if a family member or an attorney could report for them, they stated they could. They also stated

that PREA Posters are located in each dorm and throughout the facility. Youth stated they are able to call their parents at any time and have multiple visitation days and times. They stated their lawyers can visit them and they are allowed to call their lawyers at any time. All of the interviewed youth reported that they feel safe in this facility.

Standard 115.334 Specialized training: Investigations

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

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

Middlesex PREA Procedures, C. Training, 6., requires the PREA Coordinator to ensure that facility investigative officers, in addition to training provided to all staff on PREA, receive training in conducting investigations of sexual misconduct in facility settings. This training includes the following: 1) Techniques for interviewing victims of sexual misconduct; 2) Techniques specific to low functioning residents or those with mental health issues; 3) Proper use of Miranda and Garrity warnings; (A) Sexual misconduct evidence collections in facility settings and 5) Evidence required to substantiate a case for administrative action or prosecution referral. Training is documented in the officer’s training file.

The facility provided documentation to confirm that both of the facility investigators completed the course entitled: “Prison Rape and Sex Assault Investigations Inside Correctional Facilities”.

Standard 115.335 Specialized training: Medical and mental health care

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

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

Health care services are provided by a private contractor. Reviewed documentation confirmed medical and mental health staff receive specialized training, in compliance with the PREA standards, through their company training as well as through the National Institute of Corrections on-line training, “PREA: Investigating Sexual Abuse in Confinement Settings.” Interviews with the social worker staff, the licensed mental health professional and medical staff confirmed they have received specialized training the multiple sources. These staff articulated their roles in responding to incidents of sexual abuse and each of them articulated the requirements of the PREA standards.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

The Agency PREA Policy requires all new residents are screened during the intake process to assess the risk of sexual victimization or abusiveness using the relevant PREA screening instrument. Screening takes place upon intake into the facility, if possible, but no later than 24 hours of admission. All residents that report prior sexual victimization or abusiveness are offered a follow-up with a medical or mental health practitioner within 14 days. Policy also requires the classification committee to assess the resident as well and make housing decisions. Resident’s reassessments are required to be conducted when warranted due to a referral, request, incident of sexual misconduct, regardless of whether it results in discipline or receipt of new or additional information that relates to the risk of sexual victimization or abusiveness. Residents are not to be disciplined for refusing to answer or for not disclosing complete information in response to the risk of a resident’s sexual victimization or abusiveness. Information from the risk screening is kept confidential and access is limited to a need to know basis to keep resident’s safe. Policy prohibits a resident’s identity as LGBTI as an indicator of likelihood of being sexually abusiveness.

The facility has a unique and effective screening process with multiple layers of screening. During the admission process and not later than 72 hours following admission, medical staff conduct the initial victimization/abusiveness screening. The screening form requires all answers to be voluntary and kept confidential. The following items are scored and weighted to determine risk for sexual victimization: 1) First time in juvenile detention; 2) Age under 14; 3) Small size or thick build, or frail appearance; 4) Perceives self to be vulnerable to sexual assault in the facility 5) Self-reports or is perceived to be LGBTI; 6) Previous experience of sexual victimization; 7) Evidence of a mental, physical, or developmental disability; 8) Non-violent Current and Criminal History; and 9) Prior victim of sexual violence in a detention/residential facility. A score of 4,5 or 6 results in an automatic referral to mental health. The screening instrument has a weighted scale for prediction of sexually predatory behavior and includes the following items: 1) Openly prejudice against LGBTI; 2) Current/prior arrest of a sexual or assaultive nature; 3) Self-reports of being abused; 4) Comfortable in detention setting, institutionalized more than 3 times; 5) Gang/affiliation and/or reputation for aggressive behavior; and 6) Disciplinary infractions in prior commitments for acts of sexual inappropriate behavior or sexual contact. A score of “auto” or 8 results in an automatic referral to mental health. A score of “auto” is given for Disciplinary infractions in prior commitments for acts of sexually inappropriate behavior or sexual contact.

Interviews with the facility’s nurse confirmed medical’s role in conducting the victimization screening. She was knowledgeable of the process and articulate about the steps she would take in conducting that screening. Medical staff completes both portions of the screening instrument, screening for risk of victimization and for being an abuser. If the resident scores, 4, 5 or 6 on the screening instrument, the youth is referred to mental health for a follow up and assessment. Additionally, if the resident scores “auto” or a score of 8 on the potential for abusiveness scale the resident is referred to a mental health practitioner for follow-up and assessment if needed.

Following medical’s screening for victimization and potential for abusing, the facility’s social services staff conducts an extensive screening. This screening consists of asking relevant questions and scoring responses as well as making observations. The screening instrument, entitled: “Assessment, Checklist and Protocol for Behavior and Risk for Victimization” is the facility’s screening instrument. The interview considers the following and scores are awarded based on observations and responses: 1) Age of youth; 2) Experience in institutions; 3) Social skills (Do you feel you get along with well with other people?; Do you find it easy to make friends?; Do you feel OK about being in groups of people you don’t know

well?); 4) Gender and Sexual Orientation (including the youth's identity or status and youth's perception); 5) Perception of risk; 6) History of Victimization; 7) Offense Type; 8) Intellectual impairment; 9) Mental Illness; 10) Lack of fit with juvenile facility culture; 11) Vulnerability to Victimization and 12) Potential for abusiveness. Information reported by the youth is, insofar as possible, corroborated by reviewing available information on the resident. At the conclusion of the screening by the facility's social worker, the "Protocol for At-Risk Vulnerability/Sexually Vulnerable Youth" form is completed and reviewed by the Superintendent and the classification committee. This form documents the findings of the screening, considerations for special housing, Notifications as necessary; Follow-up with Treatment Staff, and any other modification for placement or programming.

Following medical's role in conducting the assessment, the social worker completes an extensive screening for victimization/abusiveness as described above. The Classification Committee is convened to review all the available screening information and documentation. This team meets daily. Based on all of the available information provided through multiple screenings, observations and interactions, housing and programming decisions are made. Room or housing unit changes must come through the classification team.

Interviews with the Superintendent, PREA Coordinator, PREA Compliance Manager, Licensed Mental Health Professional, Nurse and Social Worker confirmed these processes and evidenced this facility's commitment to keeping residents safe. Interviews with youth indicated the screening questions were asked of them when they were admitted. All of the interviewed youth reported feeling safe in this facility.

Standard 115.342 Use of screening information

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

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

The facility's screening process is comprehensive and detailed, providing a wide variety of valuable information about the resident and includes screenings conducted by medical staff at intake and followed by a really extensive screening conducted by the social workers. These screenings are scanned into the TechCare System making it accessible to the mental health professional. Residents scoring 4, 5 or 6 on the Victimization scale are referred to mental health for a follow up. Additionally, residents scoring an "auto" or an 8 on the abusiveness scale are referred to mental health as well. Referrals are generated, as well, via this system, according to the mental health professional. This information is reviewed and considered during a meeting of the classification team. The team then makes decisions related to housing and programming. All youth are housed in single occupancy rooms with the exception of some double occupancy rooms in the Honors Dorm.

Standard 115.351 Resident reporting

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

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

Middlesex County PREA Policy, Procedure I, Reporting Sexual Misconduct or Sexual Harassment, Paragraph B., Resident Reporting, provides for residents to report to any staff person within the Department that he/she has been a victim of sexual misconduct or sexual harassment by a staff, volunteer, contractor or another resident. Residents may report both verbally and in writing. According to policy, the Department has established multiple ways for residents to privately report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse, sexual harassment, or retaliation for reporting sexual abuse, sexual harassment or staff neglect or violation of responsibilities that may have contributed to such incidents. The Department has also developed a reporting hotline for residents providing residents with a way to report abuse or harassment which is able to receive and immediately forward resident reports to JDC Officials. The receiving entity must allow the victim to remain anonymous upon request. The hotline number is prominently posted in the living units and classrooms and listed in the PREA Brochure given to residents. This system allows for universal and unimpeded access by all residents. It is not recorded and available to all residents free of charge. Additional ways to report, according to policy, include the resident grievance system, directly to any staff, the facility’s PREA Compliance Manager or the Department’s PREA Coordinator. Anonymous reports are accepted but all reports are forwarded to the facility for investigation. Residents also have access to the Middlesex County Center for Empowerment (Rape Crisis Center) through the hotline provided. Residents are provided contact information in the brochure and posted in the living units. Youth may also file emergency grievances to report. Third parties are permitted, by policy, to report also for residents. These include family members, attorneys, fellow residents, staff members, and other outside advocates. Information regarding reporting is also posted on the agency’s website. The website advises readers about the agency’s confidential hotline for anonymous reports, if needed, to report an incident of sexual abuse or sexual harassment at both the Adult Correctional Center and the Juvenile Detention Center. The site explains that the agency takes all reports seriously and assures readers the reports will be investigated. The number for making those reports is posted on the website.

Interviews with residents confirmed they have multiple ways to report. Most of the interviewed residents indicated they would report to a staff member or call the hotline. A number of them however did state they could file a complaint or grievance. When asked if they had access to family to report, they indicated they are afforded multiple opportunities to visit with parents/legal guardians. They also related they have access to their attorney’s and when asked if they could call their attorney’s they stated they could call then any time they wanted to. Asked if their attorney could visit them at the facility, several related they had visited with their attorney the day of the audit. They are afforded privacy for those meetings in an office with the door closed. Residents stated information on how to report is posted in the living units and in the PREA Brochure.

Standard 115.352 Exhaustion of administrative remedies

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

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

Residents may report through an emergency grievance. If the Department receives an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse the recipient of such report will immediately forward it to a PREA Audit Report

level of review at which immediate corrective action may be taken and provided an initial written response within 48 hours and a final agency decision within five calendar days. The initial response and final determination will document whether the resident is in substantial risk of imminent sexual abuse and the action take in response to the emergency grievance.

Middlesex County Juvenile Detention Policy 7.03.1 addresses the grievance process. Paragraph one requires if the grievance pertains to a PREA incident, it must be forwarded to the PREA Compliance Manager or PREA Coordinator for response and resolution.

Policy provides that there is no time limit on reporting sexual abuse using the grievance process. The resident does not have to seek an informal resolution as a condition for filing an emergency grievance. Too, residents will not give the grievance to the staff who might be the object of the allegation.

Interviewed residents explained the grievance process and told the auditor they have access to grievance forms and they believed the grievances would be responded to. None of the interviewed residents indicated they had ever filed a report of sexual abuse or sexual harassment nor had they used the grievance process however they believed staff would take an emergency grievance seriously and would respond quickly.

Standard 115.353 Resident access to outside confidential support services

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

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

The Agency PREA Policy, Procedure B., Resident Reporting, Paragraph 5, requires that residents have access to the Middlesex County Center for Empowerment (Rape Crisis Center). Access is provided by providing contact information for that agency. The contact number provided for the Center for Empowerment is posted and also included on the PREA Brochure provided every resident upon admission. The PREA Brochure/Pamphlet provided to residents, entitled: “What You Should Know About Sexual Abuse and Assault” provides, in bold type, the contact information for the Middlesex County Center for Empowerment Advocacy Hotline dial, for the purpose of Rape Crisis Counseling.

The state of New Jersey, according to an interview with the PREA Coordinator, requires a rape crisis center in each county. The rape crisis center for Middlesex County is the Center for Empowerment. As a part of the county government the Center is involved in shared services and as such provides services to the Middlesex County Juvenile Detention Center and the Middlesex County Correctional Center.

An interview with the Director of Empowerment confirmed her organization provides a 24/7 Hotline available for residents and inmates to call. She related she has both employees who serve as advocates as well as volunteer advocates. She related her advocates are required by law to attend 40 hours of training to become an advocate but she requires over 50 hours for her advocates. If a resident needed an advocate he could call confidentially to the center and an advocate would counsel and/or meet the resident at the hospital for the forensic exam. She also related she has participated in training for staff at the facility.

Additionally, residents have liberal access to their parents/legal guardians. Visitation is offered on virtually every day of the week. Interviewed residents indicated they may have visitors a couple of times a week and on one day, even two visits. They also related they are free to call their parents/legal guardians again, “at any time”.

Residents at the Middlesex County Juvenile Detention Center have multiple ways to access outside confidential support. In their interviews, residents were not very knowledgeable of the purpose of the Center for Empowerment but they all knew there were probably some kind of support services available to them and to victims of sexual abuse and sexual harassment. They indicated they have not needed those services and do not remember if they were told about them or not. However, when the auditor showed them the brochure they were provided on admission, they saw the contact information for the Center for Empowerment and stated they were given the information upon admission and they had seen it posted in the living units but had just never needed those services so they did not pay attention to the information provided.

Standard 115.354 Third-party reporting

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

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

Middlesex PREA Procedures C., Third Party Reporting, requires third parties, including fellow residents, staff members, family members, attorneys and outside advocates, to assist residents in filing for administrative remedies relating to allegations of sexual abuse and sexual harassment and will also be able to file requests on behalf of residents. If the resident declines the assistance, the detention center will document the resident’s decision to decline. However, agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals on behalf of the resident regardless of whether or not the resident agrees to have the grievance filed on their behalf. Procedure C., Third Party Reporting requires the Department to accept and investigate verbal, written and anonymous third party reports of sexual abuse and sexual harassment. Anonymous reports must be accepted and all reports will be forwarded to the facility for investigation. Lastly the Department’s public website provides contact information on how to report sexual abuse and sexual harassment on behalf of an inmate.

The reviewed agency’s website advises readers about PREA and advises them about the Agency’s Confidential Hotline for anonymous reports if needed to report an incident of sexual abuse or sexual harassment at the Adult Correctional Center or the Juvenile Detention Center. The Hotline number is provided and readers are told the agency takes all reports seriously.

One-hundred percent (100%) of the interviewed staff, including those randomly selected and specialized staff knew third party reporting was one way for residents to report allegations of sexual abuse and sexual harassment, or retaliation for reporting. They also stated, when asked, that they would accept all third party reports and would treat it the same as any other report or allegation and would report it to the shift supervisor immediately and follow-up with a written report as soon as possible after receiving the report and definitely prior to the end of the shift.

Standard 115.361 Staff and agency reporting duties

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

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

Agency Policy (Procedure I., Reporting Sexual Misconduct or Sexual Harassment, requires all employees, contract staff and volunteers to be responsible for being alert to signs of potential situations in which abuse, neglect or sexual abuse/harassment might occur. All allegations and incidents of resident-on-resident or staff-on-resident sexually abusive behavior is to be immediately reported by Department employees, contractors and volunteers to any immediate supervisor verbally and followed up with a confidential incident report to the shift commander before the end of his/her shift or work day. The shift commander is required to forward the report to the PREA Compliance Manager. Reporting is required for any knowledge, suspicion, or information 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. The Facility Superintendent or designee is required to immediately report allegations of sexual assault or misconduct to the NJ Juvenile Justice Commission and 1-877-NJABUSE hotline. Any staff member, volunteer or contractor may report an allegation confidentially to the PREA Coordinator, PREA Compliance Manager or the Division of Investigation. Policy requires staff to accept reports made verbally, in writing, anonymously and from third parties. Staff is required to document all reports prior to forwarding them to the shift commander. Staff, contractors or volunteers who fail to report any allegation may be disciplined or receive other action, including dismissal, termination or contract or being barred from the facility and may also be subject to criminal prosecution.

Reporting staff or volunteers are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions.

The PREA Compliance Manager will immediately notify the Superintendent/Designee, IAU and the PREA Coordinator upon receipt of any report of sexual misconduct. IAU will promptly notify the Prosecutor’s office once it is determined that sufficient probable cause exists to warrant such notification.

Additionally, Policy requires if a staff member or volunteer receives an allegation that a resident was subjected to sexual misconduct or sexual harassment while confined at another facility, in addition to notifying the Superintendent and the Department’s PREA Coordinator, the Superintendent/Designee must, within 72 hours, notify the Chief Administrator of the facility where the alleged sexual misconduct or sexual harassment occurred regardless of the amount of time that has lapsed from the incident to the reporting of the sexual assault and document that such notification has been provided. The Superintendent will ensure that the resident is offered any appropriate services that would have been available if the allegation had been that the alleged sexual misconduct or sexual harassment occurred at the JDC.

Interviews with both random and specialized staff confirmed the facility and the agency require and train staff they are required to report “everything” including suspicions and regardless of the source of the allegation or report. Staff, when asked about ways residents could report, stated residents can report to staff they are comfortable reporting to, to the social worker, using the PREA Hotline and to the PREA Compliance Manager. When asked if they would take an anonymous report or a third- party report, they stated they would take any report. They understood who third parties were and stated they’d verbally report any anonymous or third party reports and then put it in writing just as soon as they could and at the latest by the end of the shift.

Standard 115.362 Agency protection duties

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

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

If the Department receives an emergency report/grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse the recipient of such report shall immediately forward the information to a level of review at which immediate corrective action may be taken and provide an initial written response within 48 hours and a final agency decision within five calendar days. The initial response and final determination shall document whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency report/grievance. Middlesex County PREA Policy, Procedure G., Protective Custody or Special Management Housing, requires that residents at high risk for sexual victimization, or who have suffered sexual abuse, are not to be placed in protective custody unless an assessment of available alternatives has been made and a determination made that no other means of separating the resident from likely abusers exist. If a determination can’t be made immediately, the resident may be housed in a special management housing unit or a protective custody housing unit. Residents may be placed in any special management housing or protective custody unit due to risk shall have access to programs, privileges, education and work opportunities similar to residents in general population. If the facility must restrict access with reasonable precautions designed to protect the resident’s safety and sexuality, it must document the opportunities restricted, the duration of the limitation and reasons why they were limited or restricted.

This facility has single occupancy rooms in all units except in the Honors Dorm where there are both single and double occupancy rooms. The dorms have camera coverage and the restrooms and showers are behind locked doors and residents are allowed in the showers and restroom one youth at a time. Staff are strategically placed in the units to provide supervision. The Superintendent and other staff, in their interviews, indicated that if they had a resident at risk they immediately separate them in the unit, separate them by units and/or place one in the special needs unit. Staff indicated in their interviews they would take any allegation that a resident was at substantial risk of imminent sexual abuse seriously and would immediately keep the resident with them, separate the youth from the alleged potential abuser and call the supervisor to make a decision about where best to place the youth while the allegation is being investigated. During the past twelve months there have been no allegations of a resident reporting he/she was at substantial risk of imminent sexual abuse. This was confirmed through interviews with staff. None of the interviewed youth reported ever having been placed at risk of sexual abuse.

Standard 115.363 Reporting to other confinement facilities

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

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

Middlesex County PREA Procedure I. Reporting Sexual Misconduct and Sexual Harassment, 6. Staff Reporting, requires that upon a staff member or volunteer receiving an allegation that a resident was subjected to sexual misconduct or sexual harassment while confined at another facility, in addition to notifying the Superintendent and the Department’s PREA Coordinator, the Superintendent/ Designee must within 72 hours notify the Chief Administrator of the facility where the alleged sexual misconduct or sexual harassment occurred, regardless of the amount of time that has lapsed from the

incident to the reporting of the sexual assault, and document that such notification has been provided. The Superintendent will ensure that the resident is offered any appropriate services that would have been available if the allegation had been that the alleged sexual misconduct or sexual harassment occurred at the JDC.

Interviews with the Superintendent, the PREA Coordinator and PREA Compliance Manager as well as the Assistant Superintendent indicated the facility has not received any allegations that a resident was abused at another facility nor have they received any reports from other facilities that a resident has alleged been sexually abused or sexually harassed while in the Middlesex County Juvenile Detention Center. Staff are aware of what to do if that should ever be reported to them.

Standard 115.364 Staff first responder duties

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

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

Middlesex County PREA Procedures, A., First Responder Guidelines, provides the steps expected of a first responder. Staff are expected to ensure they can safely take action; getting help if necessary. The alleged victim and alleged perpetrator are to be separated as quickly as possible. If it appears that other individuals were involved, those individuals may require separation as well. Also those who may have witnessed the assault may need to be separated to prevent collaborating on the details of the incident or pressuring the victim to change his/her story. The first staff discovering an incident of sexual misconduct involving a sexual act will ensure that all efforts are made immediately to preserve and protect the area where the incident occurred making sure that no one is tampering with the scene or any evidence and immediately notifying the supervisor. Bodies are treated as crime scenes and staff first responders will advise, if appropriate, that he/she should not shower, bathe, brush teeth, clean nails, or otherwise clean him/herself, use the bathroom, eat or drink, change clothes or other action that could damage or destroy evidence before it is collected. Staff will not allow any bedding or sheets to be removed or allow any fluids to be cleaned up. Responders are required to also take note of the victim's appearance and demeanor and make no assumptions but make note of factual observations and document them.

All the interviewed staff could articulate their responsibilities as first responders. Each of them stated they would first get the alleged victim out of danger (separate them from the alleged abuser), notify the shift supervisor (by requesting his/her presence on the unit without broadcasting it over the radio), and then take action to ensure the evidence was protected, including telling youth not to shower, change clothes, brush teeth or use the restroom. Non-security first responders stated they would separate the youth and try to protect the evidence.

Standard 115.365 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Facility Specific Coordinated Response Plan covers, with detail, the actions required and expected of staff first responders. These actions are described in Middlesex PREA Procedure, A., First Responder Guidelines. Also described in Paragraph B., of the Coordinated Response Plan, Medical and Mental Health Care Practitioners, requires emergency medical attention for the victim and this is to be the first priority of the response. Policy provides that regardless of whether the resident receives medical treatment at the facility for a physical injury, the Superintendent or designee, to whom the report of sexual misconduct involving a sexual assault is made, shall ensure that if the alleged misconduct is alleged to have occurred within the prior 72 hours the resident is immediately transported to a hospital for examination by medical personnel and is offered the option of being supported by a victim advocate from the Center for Empowerment during the examination. If the alleged sexual abuse occurred beyond 72 hours’ appropriate medical staff seek the advice of a hospital regarding a forensic exam. Medical will offer a resident testing for sexually transmitted diseases at the facility if not offered at the hospital and also will offer antibiotic/and/or antiviral treatment, as deemed medically appropriate by the facility medical provider. If a female resident has not been offered emergency contraception at the hospital medical staff will notify the resident upon her arrival to return to the hospital for that purpose.

Mental health will screen the resident upon return from the hospital. If there are indicators that the resident victim is at risk of self-harm or harm to others, a mental health professional will immediately be notified. Otherwise the victim will be seen by a mental health professional within 24 hours or not later than the next business day to assess the need for crisis intervention and long-term counseling.

Staff were able to relate to the auditor, their responsibilities as first responders. Investigative staff, who were interviewed, related their roles in the investigatory process, including preserving any potential evidence. Medical staff related their role would be to treat any injury, protect the evidence and arrange for the victim to be transported to Robert Wood Johnson Hospital for a forensic exam. Mental health staff, if on duty, will provide crisis intervention services and following an exam, provide an assessment of their potential for suicide and their current mental status and for arranging treatment in the facility and to refer the resident for services beyond the scope of the facility.

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

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

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

Although the agency is involved in collective bargaining, all staff are prohibited from violating any of the agency’s sexual abuse and harassment policies and may be removed from contact with youth as a result of an allegation of sexual abuse or sexual harassment. An interview with the Agency Head confirmed there is nothing in any contract prohibiting him from taking action to remove any staff from having contact with residents if needed, as the result of violating agency sexual abuse policies. A memo provided by the agency head stated “all employees of Corrections and Youth Services are Civil Service Employees. As such, the rules of discipline are established under this system and Union Contracts cannot override state statute 4A. There is nothing in these contracts that prohibit us from disciplining an employee up to and including termination

for any offenses listed under State Statute. This also applies to the failure by any staff person to follow established policies and procedures established by Middlesex County and the Department of Law and Public Safety and the Office of Corrections and Youth Services.”

Standard 115.367 Agency protection against retaliation

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

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

The facility and agency has a zero tolerance for any form of retaliation. The PREA Compliance Manager serves as the retaliation monitor. Interviews with the PCM confirmed the process for monitoring retaliation. In the event a resident alleged sexual abuse the resident would be monitored for potential retaliation. Monitoring would be conducted up to and beyond 90 days if needed and documented at 30, 60 and 90 days. Things that would be monitored include, disciplinary reports, changes in housing, changes in programs etc. If the monitoring was for a staff, changes in assignments, performance reports and changes in shifts etc. would be monitored. Monitoring will be documented. All interviews with the resident/staff are documented.

The Pre-Audit Questionnaire reported that there were no cases requiring monitoring for retaliation. This was confirmed through interviews with staff.

Standard 115.368 Post-allegation protective custody

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

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

Middlesex County PREA Policy, Procedure G., Protective Custody or Special Management Housing, requires residents at high risk of sexual victimization or who are alleged to have suffered sexual abuse are not to be placed involuntarily in protective custody unless an assessment of available alternatives has been made and a determination has been made that no other means of separating the resident from likely perpetrators or the alleged abuser exist. If such a determination cannot be made immediately, the resident may be housed in a special management housing unit or protective custody housing unit for no more than 24 hours pending the determination. If a determination has not been made that there is no available alternative means of separation from likely perpetrators, the initial placement in special housing shall only last until there is available an alternative means of separation and, in any case, the initial placement shall not exceed 30 days, and this

placement must be reviewed at least every 30 days to verify whether it is necessary to retain the resident in a special management housing unit or protective custody housing unit. Policy also requires any placement or detention of a resident in a special arrangement housing unit or protective custody housing unit shall be documented as required by agency policy. Residents who are placed in any special management housing or protective custody housing unit due to risk shall have access to programs, privileges, education and work opportunities similar to residents in general population. If the facility must restrict access with reasonable precautions designed to protect the resident's safety and security, it must document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations.

Interviews with administrative staff, including the Superintendent confirmed that residents who have been sexually assaulted will not be placed in involuntary segregated housing. The facility living units have single occupancy rooms with the exception of the Honors Dorm that has both single and double occupancy rooms. The Superintendent indicated youth could be separated by placing a youth in another dorm or in the special needs housing unit however the youth would not be placed involuntarily in any restricted housing unit.

Standard 115.371 Criminal and administrative agency investigations

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

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

Middlesex County PREA Policy, Procedure K., Criminal and Administrative Investigations, requires that upon receiving an allegation or a report that a resident has been the victim of abuse, neglect, sexual abuse/harassment, the Superintendent/designee will immediately act to protect the welfare of the resident and others who might be at risk. The JDC will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse/assault/misconduct/harassment. These investigations are required to be conducted promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. Policy requires all reports of sexual activity to be considered PREA related until a full investigation indicates otherwise. Policy requires, in paragraph b., that an internal investigation is to be conducted immediately upon the report of abuse, neglect and or sexual abuse/harassment. The Superintendent/designee will notify the Middlesex Prosecutors Office when a preliminary investigation indicates there is evidence to support the allegation. Information regarding the identity of the victim and the facts of the incident are limited to those individuals on a need to know basis consistent with state and federal laws, regulations, statutes, professional licensure and ethical standards. Policy requires that only those staff who have received specialized training as it relates to PREA are to be used to conduct investigations. Responsibilities of investigators include gathering and preserving any available monitoring data, interview alleged victims and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator, if applicable.

The credibility of alleged victims, suspects or witness shall be assessed on an individual basis and not be determined by the person's status as resident or staff. Policies require a preponderance of the evidence or lower as the standard of proof for determining whether an allegation of sexual abuse is substantiated. Administrative investigations are also required to endeavor to determine whether staff actions or failure to act contributed to abuse. Policy requires the investigation to continue even if a resident recants, gets transferred or released or the alleged perpetrator is transferred or resigns. All investigations, administrative and criminal, must be documented in a written report which must be retained by the facility as long as the alleged abuser is incarcerated or employed by the department plus five years. The Superintendent/designee must promptly notify the resident victim's parents or legal guardians that an alleged incident of abuse, neglect and/or sexual

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abuse/harassment involving their child is under investigation, unless the JDC has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of child protective services, the report shall be made to the alleged victim's case worker. The notification shall be done by letter and a copy placed in the resident's master file. Policy also mandates that the Superintendent/Designee report the allegation to the resident's attorney or other legal representative of record within 14 days of receiving the allegation. All employees, contractors, volunteers and residents with information and/or material pertaining to the incident shall cooperate with any internal or external investigation. Failure to cooperate or otherwise taking action to obstruct an investigation, including providing false information, will be subject to disciplinary action, up to and including termination and/or referral for criminal prosecution.

Interviews with the PREA Compliance Manager and the Assistant Superintendent indicated that they work in tandem to conduct investigations into allegations of sexual abuse and sexual harassment. Both are knowledgeable of the investigative process and both stated they have received specialized training in conducting sexual abuse investigations in confinement settings. Documentation was also provided to confirm that both have received the specialized training in addition to the PREA training required of all employees. The facility also has access to the Internal Affairs Investigators from the Middlesex County Correctional Center. These investigators have also completed multiple specialized training classes and courses. Interviews with them indicated they are imminently qualified to conduct professional investigations of sexual abuse in confinement settings. Additionally, the Middlesex County Prosecutor's Office Investigators may be called in for any allegations or reports that appear to be criminal. The Assistant Superintendent is an articulate professional who described an investigation process consistent with the requirements of the PREA Standards. He indicated that the investigation process would begin as soon as an allegation has been made. If the allegation is one of sexual harassment, the facility would conduct the investigation. If the allegation appeared to be criminal, the facility investigator would contact the Prosecutor's Office to conduct the criminal investigation. If the allegation involved a staff member, the Prosecutor's Office would conduct the criminal investigation while the facility/internal affairs investigator would continue and would conduct the administrative investigation and would provide support to the criminal investigators providing any assistance they requested. Sexual harassment allegations are investigated by the PREA Compliance Manager in tandem with the Internal Affairs Investigator.

Reviewed investigation reports were documented. They involved allegations of exposure and sexual harassment. None of them involved sexual abuse. Reports documented that alleged victims and alleged perpetrators are separated and placed in separate housing units while the investigation is being conducted. Reports included an incident report, witness statements and reviewed video was also documented in the reports. Findings were based on the preponderance of the evidence. Resident on resident sexual harassment or exposure (sexual misconduct) generally were found to be unsubstantiated because of lack of evidence. One investigation was unfounded and one was substantiated. Disciplinary action was documented for residents involved in allegations of sexual harassment/exposure/sexual misconduct. One allegation of staff making inappropriate comments was determined, following an investigation, to be unsubstantiated.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

Middlesex County PREA Policy, K. Criminal and Administrative Investigations, K. requires that the facility employs a standard of preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

Interviews with the PREA Compliance Manager and Internal Affairs Investigator indicated the standard of evidence required to substantiate an allegation of sexual abuse is a preponderance of the evidence.

Standard 115.373 Reporting to residents

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

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

Middlesex County PREA Policy, Procedure L., Reporting to Residents, requires that following an investigation into a resident’s allegation that he or she suffered sexual harassment of sexual misconduct in the facility, the Superintendent/designees, are required to inform the resident in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. In the event the investigation was conducted by the Prosecutor’s Office, the facility Internal Investigator will request the relevant information from that office in order to inform the resident. Policy also requires that following a resident’s allegation that a staff member committed sexual abuse against him/her, the facility will subsequently inform the resident when: 1) The investigation has determined that the allegation is unfounded; 2) The investigation has determined that the allegation is unsubstantiated; 3) The staff member is no longer posted in the resident’s unit; 4) The staff member is no longer employed at the facility; and 5) The Department learns that the staff member has been indicted on a charge related to sexual abuse at the facility. The Department’s duty to report terminates with regard to notifications regarding staff reassignments, departures, indictments, or convictions if the allegation is determined to be unfounded. Following a resident’s allegation that he/she has been abused by another resident, the facility subsequently informs the alleged victim whenever: 1) The investigation has determined the allegation is unfounded; 2) The investigation has determined the allegation to be unsubstantiated; 3) The Department learns the alleged abuser has been indicted on a charge related to sexual abuse in the facility; and 4) The Department learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The JDC’s obligation to notify terminates if the victim is released from agency custody. Notifications and attempted notifications will be documented in the resident’s master file.

The facility had no sexual abuse investigations during the past twelve months. This was confirmed through interviews with staff, reviewing the Pre-Audit Questionnaire and reviewed investigation reports.

Standard 115.376 Disciplinary sanctions for staff

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

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

corrective actions taken by the facility.

Middlesex County PREA Policy, Procedure M., Discipline, states in paragraph 1., that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Pre-Audit Questionnaire and interviews with staff indicated there were no allegations made against a staff for violating any sexual abuse or sexual harassment policy.

Standard 115.377 Corrective action for contractors and volunteers

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

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

Agency Policy, Procedure M., Discipline, paragraph 3., Prohibits any contractor or volunteer who engages in sexual abuse from contact with residents and requires that they be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. Any other violation of agency policies (sexual abuse or sexual harassment) committed by a contractor or volunteer will be reviewed for appropriate remedial measures.

The Pre-Audit Questionnaire and interviews with staff indicated there were no allegations made against any volunteer or contractor during the past twelve (12) months.

Standard 115.378 Disciplinary sanctions for residents

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

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

Procedure N., Interventions and Disciplinary Sanctions for Residents, of the Middlesex County PREA Policy, reiterates that all sexual contact between residents is prohibited in the Juvenile Detention Center and residents will be disciplined for such activity and sexual activity that is not coerced should not be deemed as sexual abuse between residents. Residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the PREA Audit Report

resident engaged in resident on resident sexual abuse, or following a criminal finding of guilt for resident on resident sexual abuse. Residents can never consent to sexual activity with a staff, contractor or volunteer regardless of age or status in the facility. The department may discipline a resident for sexual contact with a staff, contractor, or volunteer, only upon a finding that the staff member or volunteer did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Policy also requires the disciplinary process shall consider whether a resident's mental limitations or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Additionally, policy requires any disciplinary sanctions must be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and the sanctions imposed for comparable offenses by either resident with similar histories.

Documentation was provided to confirm that residents engaging in sexual harassment and exposure were disciplined in accordance with the facility's disciplinary process and code.

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

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

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

The Agency PREA Policy requires all new residents are screened during the intake process to assess the risk of sexual victimization or abusiveness using the relevant PREA screening instrument. Screening takes place upon intake into the facility, if possible, but no later than 24 hours of admission. All residents that report prior sexual victimization or abusiveness are offered a follow-up with a medical or mental health practitioner within 14 days. Policy also requires the classification committee to assess the resident as well and make housing decisions. Resident's reassessments are required to be conducted when warranted due to a referral, request, an incident of sexual misconduct, regardless of whether it results in discipline or receipt of new or additional information that relates to the risk of sexual victimization or abusiveness. Residents are not to be disciplined for refusing to answer or for not disclosing complete information in response to the risk of a resident's sexual victimization or abusiveness. Information from the risk screening is kept confidential and access is limited to a need to know basis to keep resident's safe. Policy prohibits a resident's identity as LGBTI as an indicator of likelihood of being sexually abusiveness.

The facility has a unique and effective screening process with multiple layers of screening. During the admission process and not later than 72 hours following admission, medical staff conducts the screening. The screening form requires all answers to be voluntary and kept confidential. The following items are scored and weighted to determine risk for sexual victimization: 1) First time in juvenile detention; 2) Age under 14; 3) Small size or thick build, or frail appearance; 4) Perceives self to be vulnerable to sexual assault in the facility' 5) Self-reports or is perceived to be LGBTI; 6) Previous experience of sexual victimization; 7) Evidence of a mental, physical, or developmental disability; 8) Non-violent Current and Criminal History; and 9) Prior victim of sexual violence in a detention/residential facility. A score of 4, 5 or 6, results in an automatic referral to mental health. The screening instrument has a weighted scale for prediction of sexually predatory behavior and includes the following items: 1) Openly prejudice against LGBTI; 2) Current/prior arrest of a sexual or assaultive nature; 3) Self-reports of being abused; 4) Comfortable in detention setting, institutionalized more than 3 times; 5) Gang/affiliation and/or reputation for aggressive behavior; and 6) Disciplinary infractions in prior commitments for acts of

sexual inappropriate behavior or sexual contact. A score of “auto” or 8, results in an automatic referral to mental health. A score of “auto” is given for Disciplinary infractions in prior commitments for acts of sexually inappropriate behavior or sexual contact.

Interviews with the facility’s nurse confirmed medical’s role in conducting the victimization screening. She was knowledgeable of the process and articulate about the steps she would take in conducting that screening. Medical staff completes both portions of the screening instrument, screening for risk of victimization and for being an abuser. If the resident scores, 4, 5 or 6 on the screening instrument, the youth is referred to mental health for a follow up and assessment. Additionally, if the resident scores “auto” or a score of 8 on the potential for abusiveness scale the resident is referred to a mental health practitioner for follow-up and assessment if needed.

Following medical’s screening for victimization and potential for abusing, the facility’s social services staff conducts an extensive screening. This screening consists of asking relevant questions and scoring responses as well as making observations. The screening instrument, entitled: “Assessment, Checklist and Protocol for Behavior and Risk for Victimization” is used as the screening instrument. The interview considers the following and scores are awarded based on observations and responses: 1) Age of youth; 2) Experience in institutions; 3) Social skills (Do you feel you get along with well with other people?; Do you find it easy to make friends?; Do you feel OK about being in groups of people you don’t know well?); 4) Gender and Sexual Orientation (including the youth’s identity or status and youth’s perception); 5) Perception of risk; 6) History of Victimization; 7) Offense Type; 8) Intellectual impairment; 9) Mental Illness; 10) Lack of fit with juvenile facility culture; 11) Vulnerability to Victimization and 12) Potential for abusiveness. Information reported by the youth is, insofar as possible, collaborated by reviewing available information on the resident. At the conclusion of the screening by the facility’s social worker, the “Protocol for At-Risk Vulnerability/Sexually Vulnerable Youth” form is completed, and reviewed by the Superintendent and the classification committee. This form documents the findings of the screening, considerations for special housing, Notifications as necessary; Follow-up with Treatment Staff, and any other modification for placement or programming.

Following medical’s role in conducting the assessment, the social worker completes an extensive screening for victimization/abusiveness as described above. The Classification Committee is convened to review all the available screening information and documentation. This team meets daily. Based on all of the available information provided through multiple screenings, observations and interactions, housing and programming decisions are made. Room or housing unit changes must come through the classification team.

Interviews with the Superintendent, PREA Coordinator, PREA Compliance Manager, Licensed Mental Health Professional, Nurse and Social Worker confirmed these processes and evidenced this facility’s commitment to keeping residents safe. Interviews with youth indicated the screening questions were asked of them when they were admitted. All of the interviewed youth reported feeling safe in this facility.

Standard 115.382 Access to emergency medical and mental health services

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

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

B., Medical and Mental Health Practitioners, requires that emergency medical attention for the victim must be the first priority of the response. Regardless of whether the resident receives medical treatment at the facility for a physical injury, the Superintendent or designee, to whom the report of sexual misconduct involving a sexual assault is made, shall ensure that if the alleged misconduct is alleged to have occurred within the prior 72 hours, the resident is immediately transported to a hospital for examination by medical personnel skilled in the collection of sexual forensic evidence and is offered the option of being supported by a victim advocate from the Center for Empowerment, during the examination. If the alleged sexual abuse occurred beyond 72 hours appropriate medical staff will seek the advice of a hospital regarding a forensic exam. If the resident refuses medical treatment, documentation should note the medical treatment was offered but refused by the resident. Also, policy requires if the resident has not been offered testing for sexually transmitted diseases at the hospital, the facility medical staff will, as soon as possible upon the resident's return to the facility, shall offer antibiotics and/or anti-viral treatment, as deemed medically appropriate by the facility medical provider. If a female resident has not been offered emergency contraception at the hospital, the medical staff shall notify the resident upon her return to the facility that they may return to the hospital for this purpose. Policy prohibits victims from being charged for any of the treatment services described regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility is required to offer medical and mental health care consistent with the community level of care for as long as such care is needed. Additionally, abusers and alleged perpetrators must receive access to care as well, however while the facility must attempt to conduct a mental health evaluation and offer treatment when deemed appropriate, the abuser may refuse. Medical and mental health evaluations, as appropriate, are required to be provided to all residents who have been victimized by sexual abuse in any facility, even if the abuse did not occur at the JDC. Once cleared by medical, classification determines an appropriate housing assignment for the victim.

Interviews with the facility's medical staff confirmed that resident victims of sexual abuse would be treated on site for any injuries requiring immediate attention after which they would be transported to the Robert Wood Johnson Hospital where further treatment, as needed, would be provided and a forensic exam conducted by a Sexual Assault Forensic Examiner. The medical staff also stated the resident would be offered STI prophylaxis if not offered at the hospital and any additional follow-up care as indicated. An interview with the local rape crisis center (Center for Empowerment) director, confirmed her organization would provide an advocate to accompany the resident and to meet them at the hospital to offer support services through the exam process and other activities. An interview with a mental health professional confirmed crisis intervention services for resident victims of sexual assault to include assessment for current mental status upon return from the hospital and referral to outside mental health services when indicated.

There have been no incidents of sexual assault requiring a forensic exam during the past twelve months. This was confirmed through review of the Pre-Audit Questionnaire, review of each of the investigation reports during the past twelve months and interviews with staff, including the Superintendent, PREA Compliance Manager, PREA Coordinator and the Investigator.

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

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

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

Middlesex County PREA Policy, B. Medical and Mental Health Care Practitioners, paragraph 3, requires that in addition to appropriate follow-up medical care upon return to the facility, the victim will be offered antibiotic and/or anti-viral treatment as deemed medically appropriate by the facility medical provider. If a female resident has not been offered

emergency contraception at the hospital, the medical staff will notify the resident that they may return to the hospital for this purpose. Interviews with the medical staff and professional mental health staff confirmed the on-going help and treatment the victim would be offered. Medical care would be consistent with any follow-up orders from the hospital or the facility's medical doctor. Mental health would conduct a mental status assessment of the resident upon return to assess potential for suicide and other behaviors as a result of the sexual assault. Referral for more intense and extensive mental health treatment would be provided as needed and ordered. Interviews with medical and mental health staff confirmed the provision of ongoing medical and mental health care for victims of sexual assault and abusers.

Standard 115.386 Sexual abuse incident reviews

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

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

Policy requires the JDC conduct a sexual abuse incident review at the conclusion of every investigation, ordinarily within 10 days of the conclusion of the investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded. The review team shall include a designated SJDO, a designated JDO, internal investigator, medical staff and designated social worker, and the facility Compliance Manager. The review team shall consider whether the allegation or investigation indicates a need to change policy or procedures to better prevent, detect or respond to sexual abuse. The review team also considers whether the incident or allegation was motivated by race, ethnicity, gender identity, status or perceived status or gang affiliation or was motivated or otherwise caused by other group dynamics at the facility. They will also examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse and assess the adequacy of staffing levels in the area during all shifts, as well as assessing whether cameras should be deployed or augmented to supplement supervision by staff. The review team will prepare a report of its finding, including but not limited to information found through all the reviews described and any recommendations for improvement and submit the report to the Superintendent and PREA Coordinator. Subsequently the JDC will implement the recommendation for improvement or document the reasons for not doing so.

The Incident Review is documented on the PREA Incident Team Review. This form documents all of the required review considerations and contains a section for the team's recommendations for improvements.

Interviews with staff who would be members of the team articulated the process as described in the agency policy. Staff who serve on the team also serve on the classification team and meet daily. This team would review the incidents following all investigations.

Standard 115.387 Data collection

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

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

Data Collection and review is addressed in Middlesex County Juvenile Detention Center PREA Policy, Procedure P., Data Collection and Review. Policy requires the JDC to collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions and this data shall be aggregated at least annually. The incident-based data shall include, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SVV) conducted by the Department of Justice and upon request, the PREA Coordinator shall provide all such data from the previous year to the Department of Justice no later than June 30.

Data collected shall be reviewed in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training, including by:

- a. Identifying problem areas;
- b. Taking corrective action on an ongoing basis;
- c. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. This 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 misconduct.
- d. The Department’s report is approved by the Superintendent and made readily available to the public at least annually through its website. Specific materials from the report may be redacted when publication would present a clear and specific threat to the safety and security of the facility or would violate state or federal confidentiality laws, but must indicate the nature of the material redacted.

Standard 115.388 Data review for corrective action

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

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

Middlesex County Juvenile Detention Center PREA Policy, Procedure P., Data Collection and Review requires that data collected shall be reviewed 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 and taking corrective action on an ongoing basis as necessary. The facility has not had any allegations resulting in a review of incidents by the Incident Review Team (aka the Classification Committee). Interviews with the PREA Coordinator, PREA Compliance Manager and the Superintendent indicated they understand the incident review process. They would use the data collected to determine the need for corrective action and to implement the corrective action and collect additional data on an ongoing basis to determine the effect of the corrective actions. The facility provides the data necessary to compile the statistics in order to complete the SSV Report when requested. The annual report includes its findings and corrective actions for each facility, as well as the agency as a whole. This 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 misconduct. The Department’s report is to be approved by the Superintendent and made readily available to the public at least annually

through its website. Specific materials from the report may be redacted when publication would present a clear and specific threat to the safety and security of the facility or would violate state or federal confidentiality laws, but must indicate the nature of the material redacted.

Standard 115.389 Data storage, publication, and destruction

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

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

Middlesex Policy requires the PREA Coordinator to maintain the data collected or reported for a minimum of 10 years and ensure it is securely retained.

AUDITOR CERTIFICATION

I certify that:

- X The contents of this report are accurate to the best of my knowledge.
- X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- X I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Robert G. Lanier

May 17, 2017

Auditor Signature

Date