

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: November 23, 2020

Auditor Information

Name: Mable P. Wheeler

Email: wheeler5p@hotmail.com

Company Name: Diversified Correctional Services , LLC

Mailing Address: PO Box 5736

City, State, Zip: Macon, Georgia 31208

Telephone: 478-737-2171

Date of Facility Visit: October 26 - 28, 2020

Agency Information

Name of Agency: Middlesex County Adult Corrections and Youth Services

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Address: 99 Apple Orchard Lane

City, State, Zip: North Brunswick, NJ 08902

Mailing Address: PO Box 7164

City, State, Zip: North Brunswick, NJ 08902

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <http://www.middlesexcountynj.gov>

Agency Chief Executive Officer

Name: Ronald Rios

Email: Ronald.rios@co.middlesex.nj.us

Telephone: 732-745-5792

Agency-Wide PREA Coordinator

Name: Jeffrey Knight

Email: Jeffrey.knight@co.middlesex.nj.us

Telephone: 732-951-3339

PREA Coordinator Reports to:

Warden

Number of Compliance Managers who report to the PREA Coordinator:

2

Facility Information

Name of Facility: Middlesex County Juvenile Detention Center			
Physical Address: 99 Apple Orchard Lane		City, State, Zip: North Brunswick, NJ. 08902	
Mailing Address: PO Box 7164		City, State, Zip: North Brunswick, NJ. 08902	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Website with PREA Information: http://www.middlesexcountynj.gov			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input type="checkbox"/> ACA			
<input checked="" type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe):			
<input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: NA			
Facility Administrator/Superintendent/Director			
Name: James White			
Email: james.white@co.middlesex.nj.us		Telephone: 732-297-8991 ext. 6263	
Facility PREA Compliance Manager			
Name: Mark Petscavage			
Email: mark.petscavage@co.middlesex.nj.us		Telephone: 732-297-8991 ext. 6523	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Elizabeth Parboo			
Email: Elizabeth.parboo@naphcare.com		Telephone: 732-297-8991 ext. 6101	
Facility Characteristics			
Designated Facility Capacity:	100		
Current Population of Facility:	48		
Average daily population for the past 12 months:	43.7		
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	12-24
Average length of stay or time under supervision	37.6 months
Facility security levels/resident custody levels	Maximum
Number of residents admitted to facility during the past 12 months	308
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	128
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	53
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other (please name or describe): <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	63
Number of staff hired by the facility during the past 12 months who may have contact with residents:	6
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	40
Number of volunteers who have contact with residents, currently authorized to enter the facility:	45
Physical Plant	

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	7
<p>Number of single resident cells, rooms, or other enclosures:</p>	6
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	1
<p>Number of open bay/dorm housing units:</p>	0
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	12
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Medical and Mental Health Services and Forensic Medical Exams</p>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input checked="" type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe):
<p>Investigations</p>	

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:

0

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe):
- N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?

2

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: *Select all that apply*

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe):
- N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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

Introduction

The Prison Rape Elimination Act (PREA) audit onsite phase for Middlesex County Juvenile Detention Center was conducted October 28-29, 2020. Middlesex County Juvenile Detention Center is located at 99 Apple Orchard Lane, North Brunswick, NJ. 08902. The audit was conducted by Mable P. Wheeler from Macon, Georgia, who is a U. S. Department of Justice Certified PREA auditor for juvenile facilities. The auditor conducted onsite portion of audit as conducted with no additional support staff. The PREA Coordinator contacted Diversified Corrections regarding the audit and a contract was agreed upon and signed. There are no known existing conflicts of interest or barriers to completing the audit. The facility was last audited May 17, 2017, with 100% compliance with the PREA Juvenile Standards with 1 exceeds and 40 met standards and 0 standards not applicable to the program.

Mission:

Middlesex County Juvenile Detention Center's mission is to provide short-term secure custody for offenders.

Audit Methodology Pre-Onsite Audit Phase

Prior to the onsite visit, the Auditor contacted the PREA Coordinator to discuss the audit process and to set a tentative daily agenda and schedule for the onsite audit. The auditor requested the following information be provided the first day of the audit: daily population report, staff roster to include all departments; inmate roster by housing unit; listing of staff who perform risk assessments; list of medical/mental health staff; list of contractors and volunteers available during the audit; list of residents with a PREA classification (identified through risk screening); list of lesbian, gay, bisexual, transgender, and intersex residents; list of disabled (deaf, hard of hearing, blind, low vision, low cognitive skills) residents; list of limited English proficient residents; list of allegations with investigation outcomes etc. This information was utilized to establish the interview schedules for the random selection of residents and staff to be interviewed; random and specialized interviews.

Notice of Audit Posting and Timeline

The audit notice was posted September 18, 2020. Scheduling of audit had been revisited a couple of times due to COVID 19 related issues. . The audit notice was posted in English and Spanish on colorful paper using a large font. The audit notices were placed throughout the facility, in places visible to all residents, staff and visitors. Confirmation of audit notices was emailed to the auditor on September 18, 2020. Further verification of their placement was made through observations during the onsite review. The audit notices included a statement regarding confidentiality of resident and staff correspondence with the auditor. No correspondence received prior to the onsite portion of the audit phase.

Pre-Audit Questionnaire (PAQ) and Supporting Documentation

The PAQ and supporting documentation was received on October 5, 2020. The auditor reviewed the PAQ, policy, procedures, and supporting documentation. Using the Auditor Compliance Tool and Checklist of Documentation, the auditor's initial analysis and review of the information, the auditor requested further documentation for clarification of several standards. Some of the information was provided electronically prior to the audit and the remaining documentation was provided during the on-site audit visit.

Requests of Facility Lists

Middlesex County Juvenile Detention Center provided the following information for interview selections and document sampling:

Complete Resident Roster	An up-to-date roster was provided upon request. (several Staff interviews were conducted via Zoom)
Youthful inmates/detainees	48
Residents with physical disabilities	None were identified.
Residents with cognitive disabilities	1
Residents who are Limited English Proficient	2
Lesbian, Gay, and Bisexual Residents	2
Transgender or Intersex Residents	None were identified.
Residents in segregated housing	None were identified.
Residents in isolation	None were identified.
Residents who reported sexual abuse	None were identified.
Resident Charged with Sexual Assault	None were identified.
Residents who reported sexual victimization during risk screening	None were identified.
Complete Staff Roster	The staff roster and schedule were provided upon arrival to the facility.
Specialized Staff	18
All contractors who have contact with the residents	2
All volunteers who have contact with the residents	0
All grievances/allegations of sexual abuse and sexual harassment made in the 12 months preceding the audit	0
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	7
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	7
All hotline calls made in the 12 months preceding the audit	3

External Contacts

The following external contacts were made:

Just Detention International	Just Detention International reviewed their database for records and information and reported no information for the preceding 12 months.
Community Based Organizations (CBOs)	Middlesex County Center for Empowerment (Rape Crisis Center (Hotline 800-665-7273) http://www.middlesexcountynj.gov/
New Jersey Department of Youth Services	The auditor contacted the New Jersey Department of Youth Services hotline at 855-332-1594.
New Jersey Department of Youth Services	<ul style="list-style-type: none"> • PREA Coordinator at 334-215-3802 • Website

Research

(N.J.S.A. 9:6-8.10a., REPORTS AND INFORMATION OF CHILD ABUSE REPORTS; CONFIDENTIALITY; RELEASE)

§ 9:6-8.10a. Records of child abuse reports; confidentiality; disclosure

a. All records of child abuse reports made pursuant to section 3 of P.L.1971, c.437 (C.9:6-8.10), all information obtained by the Department of Children and Families in investigating such reports including reports received pursuant to section 20 of P.L.1974, c.119 (C.9:6-8.40), and all reports of findings forwarded to the child abuse registry pursuant to section 4 of P.L.1971, c.437 (C.9:6-8.11) shall be kept confidential and may be disclosed only under the circumstances expressly authorized under subsections b., c., d., e., f., and g. herein. The department shall disclose information only as authorized under subsections b., c., d., e., f., and g. of this section that is relevant to the purpose for which the information is required, provided, however, that nothing may be disclosed which would likely endanger the life, safety, or physical or emotional well-being of a child or the life or safety of any other person or which may compromise the integrity of a department investigation or a civil or criminal investigation or judicial proceeding. If the department denies access to specific information on this basis, the requesting entity may seek disclosure through the Chancery Division of the Superior Court. This section shall not be construed to prohibit disclosure pursuant to paragraphs (2) and (7) of subsection b. of this section. Nothing in P.L.1977, c.102 (C.9:6-8.10a et seq.) shall be construed to permit the disclosure of any information deemed confidential by federal or State law.

b. The department may and upon written request, shall release the records and reports referred to in subsection a., or parts thereof, consistent with the provisions of P.L.1997, c.175 (C.9:6-8.83 et al.) to:

- (1)** A public or private child protective agency authorized to investigate a report of child abuse or neglect;
- (2)** A police or other law enforcement agency investigating a report of child abuse or neglect;
- (3)** A physician who has before him a child whom he reasonably suspects may be abused or neglected or an authorized member of the staff of a duly designated regional child abuse diagnostic and treatment center which is involved with a particular child who is the subject of the request;
- (4)** A physician, a hospital director or his designate, a police officer, or other person authorized to place a child in protective custody when such person has before him a child whom he reasonably suspects may be abused or neglected and requires the information in order to determine whether to place the child in protective custody;
- (5)** An agency, whether public or private, including any division or unit in the Department of Human Services or the Department of Children and Families, authorized to care for, treat, assess, evaluate, or supervise a child who is the subject of a child abuse report, or a parent, guardian, resource family parent, or other person who is responsible for the child's welfare, or both, when the information is needed in connection with the provision of care, treatment, assessment, evaluation, or supervision to such child or such parent, guardian, resource family parent, or other person and the provision of information is in the best interests of the child as determined by the Division of Child Protection and Permanency;
- (6)** A court or the Office of Administrative Law, upon its finding that access to such records may be necessary for determination of an issue before it, and such records may be disclosed by the court or the Office of Administrative Law in whole or in part to the law guardian, attorney, or other appropriate person upon a finding that such further disclosure is necessary for determination of an issue before the court or the Office of Administrative Law;
- (7)** A grand jury upon its determination that access to such records is necessary in the conduct of its official business;
- (8)** Any appropriate State legislative committee acting in the course of its official functions, provided, however, that no names or other information identifying persons named in the report shall be made available to the legislative committee unless it is absolutely essential to the legislative purpose;
- (9)** (Deleted by amendment, P.L.1997, c.175).
- (10)** A family day care sponsoring organization for the purpose of providing information on child abuse or neglect allegations involving prospective or current providers or household members pursuant to P.L.1993, c.350 (C.30:5B-25.1 et seq.) and as necessary, for use in administrative appeals related to information obtained through a child abuse registry search;
- (11)** The Victims of Crime Compensation Board, for the purpose of providing services available pursuant to the "Criminal Injuries Compensation Act of 1971," P.L.1971, c.317 (C.52:4B-1 et seq.) to a child victim who is the subject of such report;
- (12)** Any person appealing a department service or status action or a substantiated finding of child abuse or neglect and his attorney or authorized lay representative upon a determination by the department or the presiding Administrative Law Judge that such disclosure is necessary for a determination of the issue on appeal;

- (13) Any person or entity mandated by statute to consider child abuse or neglect information when conducting a background check or employment-related screening of an individual employed by or seeking employment with an agency or organization providing services to children;
- (14) Any person or entity conducting a disciplinary, administrative, or judicial proceeding to determine terms of employment or continued employment of an officer, employee, or volunteer with an agency or organization providing services for children. The information may be disclosed in whole or in part to the appellant or other appropriate person only upon a determination by the person or entity conducting the proceeding that the disclosure is necessary to make a determination;
- (15) The members of a county multi-disciplinary team, established in accordance with State guidelines, for the purpose of coordinating the activities of agencies handling alleged cases of child abuse and neglect;
- (16) A person being evaluated by the department or the court as a potential care-giver to determine whether that person is willing and able to provide the care and support required by the child;
- (17) The legal counsel of a child, parent, or guardian, whether court-appointed or retained, when information is needed to discuss the case with the department in order to make decisions relating to or concerning the child;
- (18) A person who has filed a report of suspected child abuse or neglect for the purpose of providing that person with only the disposition of the investigation;
- (19) A parent, resource family parent, or legal guardian when the information is needed in a department matter in which that parent, resource family parent, or legal guardian is directly involved. The information may be released only to the extent necessary for the requesting parent, resource family parent, or legal guardian to discuss services or the basis for the department's involvement or to develop, discuss, or implement a case plan for the child;
- (20) A federal, State, or local government entity, to the extent necessary for such entity to carry out its responsibilities under law to protect children from abuse and neglect;
- (21) Citizen review panels designated by the State in compliance with the federal "Child Abuse Prevention and Treatment Act Amendments of 1996," Pub.L.104-235;
- (22) The Child Fatality and Near Fatality Review Board established pursuant to P.L.1997, c.175 (C.9:6-8.83 et al.); or
- (23) Members of a family team or other case planning group formed by the Division of Child Protection and Permanency and established in accordance with regulations adopted by the Commissioner of Children and Families for the purpose of addressing the child's safety, permanency, or well-being, when the provision of such information is in the best interests of the child as determined by the Division of Child Protection and Permanency.

Any individual, agency, board, court, grand jury, legislative committee, or other entity which receives from the department the records and reports referred to in subsection a., shall keep the records and reports, or parts thereof, confidential and shall not disclose the records and reports or parts thereof except as authorized by law.

c. The department may share information with a child who is the subject of a child abuse or neglect report, as appropriate to the child's age or condition, to enable the child to understand the basis for the department's involvement and to participate in the development, discussion, or implementation of a case plan for the child.

d. The department may release the records and reports referred to in subsection a. of this section to any person engaged in a bona fide research purpose, provided, however, that no names or other information identifying persons named in the report shall be made available to the researcher unless it is absolutely essential to the research purpose and provided further that the approval of the Commissioner of Children and Families or his designee shall first have been obtained.

e. For incidents determined by the department to be substantiated, the department shall forward to the police or law enforcement agency in whose jurisdiction the child named in the report resides, the identity of persons alleged to have committed child abuse or neglect and of victims of child abuse or neglect, their addresses, the nature of the allegations, and other relevant information, including, but not limited to, prior reports of abuse or neglect and names of siblings obtained by the department during its investigation of a report of child abuse or neglect. The police or law enforcement agency shall keep such information confidential.

f. The department may disclose to the public the findings or information about a case of child abuse or neglect which has resulted in a child fatality or near fatality. Nothing may be disclosed which would likely endanger the life, safety, or physical or emotional well-being of a child or the life or safety of any other person or which may compromise the integrity of a department investigation or a civil or criminal investigation or judicial proceeding. If the department denies access to specific information on this basis, the requesting entity may seek disclosure of the information through the Chancery Division of the Superior Court. No information may be disclosed which is deemed confidential by federal or State law. The name or any other information identifying the person or entity who referred the child to the department shall not be released to the public.

g. The department shall release the records and reports referred to in subsection a. of this section to a unified child care agency contracted with the department pursuant to N.J.A.C.10:15-2.1 for the purpose of providing information on child abuse or neglect allegations involving a prospective approved home provider or any adult household member pursuant to section 2 of P.L.2003, c.185 (C.30:5B-32) to a child's parent when the information is necessary for the parent to make a decision concerning the placement of the child in an appropriate child care arrangement. The department shall not release any information that would likely endanger the life, safety, or physical or emotional well-being of a child or the life or safety of any other person.

Onsite Audit Phase

Entrance briefing

On October 28, 2020 the entrance briefing was held with the Agency PREA Coordinator, Jeffrey Knight; Juvenile PREA Compliance Manager, Mark Petscvage and Adult PREA Compliance Manager, Sgt. Antonio Jorge. Introductions were made and the agenda for the onsite audit was discussed. Several staff interviews were conducted virtually due to (COVID 19 concerns). All interviews were voluntary and conducted in private. After the entrance briefing the auditor conducted the site review accompanied by PREA Compliance Managers and PREA Coordinator. After site review, auditor conducted resident and staff interviews.

Site review

The auditor had access to, and observed, all areas of the facility. The auditor was provided a diagram of the physical plant during the pre-onsite phase of the audit and was thus familiar with the layout of the facility. The facility (complex) consists of one (1) building which includes seven (7) resident housing units, six (6) single residents cells, zero (0) open bay dorm housing units, one (1) multiple occupancy cells, and twelve (12) segregation/isolation cell. The program designated capacity is 100 youth. The facility has a video monitoring system with seventy-six (76) cameras, responsible for security surveillance of entire campus.

Processes and areas observed

The auditor was able to observe the staff to resident ratios met the 1:8 requirement Auditor was unable to observe a demonstration of the intake and risk screening process. Grievance procedure was described, auditor made recommendations to improve process. Grievance forms and writing utensils are available upon request.

The staff conducting the site review described the showering process and pointed out the location of the video monitoring system. PREA posters with telephone numbers for reporting sexual abuse and sexual harassment are prominently placed in the housing and common area. The auditor informally asked residents about basic PREA information during visit to housing unit.

Specific area observations

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 auditor observed the toilet and shower areas are out of view from staff, youth must be dressed before coming out of shower area. The auditor observed staff actively supervising the residents.

Exit briefing

An exit briefing was held with the Agency PREA Coordinator and the PREA Compliance Manager, to discuss audit findings. The auditor did have some areas of concern and requested additional supporting documentation. All requested documentation was provided prior to submission of final report.

The auditor requested additional supporting documentation:

1. Staff training records
2. Staffing Plan
3. Annual DOJ Survey
4. Resident Education Acknowledgement
5. Written institutional "Coordinated Response" plan

Interviews Logistics

Location and Privacy

Some staff interviews were conducted via Zoom to comply with CDC guidelines during the COVID 19 pandemic. All interviews were voluntary and private. Onsite interviews were conducted in a conference room; this location provided privacy and was centrally located to minimize disruption of daily activities and programming.

Selection Process

Fourteen (14) specialized staff assigned to the Detention unit were interviewed. Fifteen (15) direct care staff were interviewed using the random staff interview protocol. Six (6) random residents were interviewed and four (4) targeted residents.

Interview Protocols	Number of Interviews
Administration and Agency Leadership	
Agency Head Designee (Agency PREA Coordinator)	1
Warden	0
PREA Coordinator	1
PREA Compliance Manager	1
Superintendent	1
Specialized Staff	
Medical Staff	1
Mental Health Staff	1
Non-Medical Staff Involved in Cross-Gender Strip Searches or Visual Body Cavity Searches (if applicable)	0 (such searches are prohibited)
Administrative (Human Resources) Staff	1
Agency Contract Administrator	0 (Prior Interview)
Intermediate or Higher-level Facility Staff (unannounced rounds)	1
SAFE and SANE	0
Investigative Staff	1
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff who Supervise Residents in Isolation (no isolation)	1
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Security First Responders	0
Non-Security Staff First Responders	0
Intake Staff	1
Random Sample of Staff	
First Shift	5
Second Shift	5
Third Shift	4
Total Random Sample of Staff	14

Volunteers Contractors who have Contact with Residents	
Volunteers	0
Contractors	3
Residents	
Random Sample of Residents from all Housing Units	6
Targeted Resident Interviews	
Residents who Reported a Sexual Abuse	None identified
Residents with Cognitive Disabilities	1
Residents with Physical Disabilities	None identified
Limited English Proficient Residents	2
Gay, Lesbian, and Bisexual Residents	2
Transgendered and Intersex Residents	None identified
Resident Charged with Sexual Assault	None identified
Residents who Disclosed Prior Sexual Victimization During Risk Screening	None identified
Residents in Isolation	None identified
Interview Totals	
Total Number of Staff Interviews	31
Total Number of Resident Interviews	11
Total Number of Interviews	42

Interviewed Residents Length of Time at Facility

Days or Months	Number of Residents
1 Day to 31 Days	3
32 Days to 6 Months	4
7 Months to 12 Months	2
13 Months Plus	1

Records Review

Type of Record	Total Records Reviewed
Personnel Records/Documents	10
Volunteer and Contractors Files/Documents	2
Training Files/Documents/Records	10
Resident Files/Documents	10
Medical/Mental Health Records and Documentation for Victims	0
Grievance Forms (Sexual Abuse and Sexual Harassment)	0
All Incident Reports (Sexual Abuse and Sexual Harassment)	7
Investigation Records (Sexual Abuse and Sexual Harassment)	7

Investigative Files

Youth-on-Youth Sexual Victimization	Substantiated	Unsubstantiated	Unfounded
Nonconsensual Sexual Acts	0	0	0
Abusive Sexual Contact	1	1	1
Sexual Harassment	0	1	2
Staff-on-Youth Sexual Abuse	Substantiated	Unsubstantiated	Unfounded
Staff Sexual Misconduct	0	0	1
Staff Sexual Harassment	0	0	0

Reporting Method	Sexual Abuse		Sexual Harassment	
	Youth-on-Youth	Staff-on-Youth	Youth-on-Youth	Staff-on-Youth
Hotline	0	1	1	0
Grievance	0	0	0	0
Verbal Report	0	0	0	0
Anonymous	0	0	0	0

Third Party	0	0	0	0
Reports by Staff	3	0	2	0

Auditors Note:

Two (2) calls were made to the PREA Hotline during the last twelve months, one call was not PREA related.

Facility Characteristics

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

Characteristics Related to PREA and Sexual Safety

Introduction	
Parent Agency	Middlesex County Office of Adult Corrections and Youth Services
Other Significant Relationship Information	Department of Juvenile Corrections
Facility Name	Middlesex County Juvenile Detention Center
Facility Address	99 Apple Orchard Lane, North Brunswick, NJ. 08902
Age of Facility	36
Total Facility Rated Capacity	100
Resident Population Size and Makeup	
Average daily population in the last 12 months	43.7
Actual population on day 1 of the onsite portion of the audit	48
Population Gender	Male and Female
Population Ethnicity	Multiethnic
Length of Stay	37.6 months
Staff Size and Makeup	
Number of Security Staff	
Types of Supervision Practiced:	Secure
Number of Volunteers who may have contact with residents	45
Number of Contractors who may have contact with residents	40
Number of Interns who may have contact with residents	0
Number and Type of Housing Units	
Number of single-occupancy cells	6
Number of multiple-occupancy cells	1
Number of open-bay dorms	0
Number of segregation/isolation units	12
Number of medical units	1
Number of closed units	0
Type of Supervision (direct or indirect)	Direct
Video Monitoring	Yes

Facility Operations

Physical Plant Description

The Middlesex County Office of Adult Corrections and Youth Services, under the auspices of the Middlesex County Board of Chosen Freeholders, is a diverse agency that serves juveniles corrections and provides special rehabilitative services on a residential basis to selected youths. The Department includes the Middlesex County Juvenile Detention Center and the Youth Shelter. These facilities are designed to provide residential child care services through a process consistent with the purpose of each facility, its licensing requirements and in a manner that promotes positive personal growth and the development of each child's potential.

The Facility provides 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.

The Facility houses male and female juveniles charged with criminal offenses. Juvenile in detention ranges in age from 12-24 years old. The length of stay varies from less than 24 hours to approximately 36 months. The Juvenile Detention Center is the secure facility for juvenile offenders that are remanded by the Family Court in order to insure their appearance at Court or to address the safety of the community. The Center is operated by the Office of Adult Corrections & Youth Services under the supervision of Warden Cranston and overseen by the Middlesex County Board of Chosen Freeholders. Its mission is to provide short-term secure custody for these offenders. It operates through the development and implementation of broad based services that, integrated with consistent supervisory practices and procedures, results in a safe, secure and appropriate environment for its residents.

The Middlesex County Juvenile Detention Center has 76 video monitoring cameras strategically placed throughout the detention center. Appropriate use of the video monitoring system is helpful in preventing sexual abuse and essential in assisting in investigations. Video Monitoring is never used as a substitute for staff supervision.

The facility is replete with PREA Posters of all kinds and descriptions. These posters are graphically designed with bold "eye catching" colors. The Posters contain a wide variety of PREA related information. One huge poster has a megaphone with ways to report emanating from the megaphone. These included reporting verbally, through grievances, anonymously, through third parties and through the Middlesex County Office of Adult and Youth Services. Phone numbers and addresses of the following are posted for resident's viewing and reading. These included the following: 1) Middlesex County Center for Empowerment (Rape Crisis Center); (2) NJ Juvenile Justice Department (1-877-NJABUSE); 3) Middlesex County Office of Adult Corrections and Juvenile Service; (4), the Department of Youth Services Sexual Assault 24 Hour Hotline; and 5) the New Jersey Department of Homeland Security (for residents being held for civil immigration purposes only). Noteworthy is the fact that the facility posted information about the grievance process recommending that residents wanting to report sexual abuse or sexual harassment use the Middlesex County Juvenile Detention Center Grievance Process.

Living Units:

The Delta Unit is the Honor unit is the designated housing unit for residents of the facility that have been in the facility for twenty (20) days or more and have not committed any violations of the rules of conduct. Assignment to this unit is designated by the Classification and Review Team.

The Echo Unit E- unit is one of two general population units. Residents assigned to this housing unit are residents who regularly behave, but may act out on occasion, and receive minor violations of the

code of conduct. Residents assigned to this unit may be reassigned to the Honors unit if they go more than twenty days without a violation.

The Foxtrot Unit F-unit is the designated housing unit for our female population. It is a general population unit, but as we only have one (1) unit designated for female residents, our honors and special needs female residents is also housed in this unit.

The Gulf Unit G-unit is the Special Needs Unit (SNU)/Protective Custody Unit (PC). Residents assigned to this unit include vulnerable residents, medical special watch residents, and those residents that generally have a difficult time in general population due to their age, size, mental illness, or other disability.

The Hotel Unit H-unit unit is one of two general population units. Residents assigned to this housing unit are residents who regularly behave, but may act out on occasion, and receive minor violations of the code of conduct. Residents assigned to this unit may be reassigned to the Honors unit if they go more than twenty days without a violation.

The India Unit I-unit is the Behavioral Management unit. Residents who have committed acts of violence or who have threatened to commit violent acts as well as residents who have attempted to escape or threatened to escape are assigned to this housing unit. Residents assigned to this unit may be reassigned to another housing unit as their behavior improves. All reassignments from I-unit are done through Classification and Review Team.

Juliet Unit is the Intake unit is currently designated as an overflow unit. Although it is not always open it is ready for use as either a behavioral management unit or a general population unit. This unit is used most often when other units need repair and maintenance.

A review of Agency's Annual Accomplishments clearly, demonstrate the facility's focus on addressing issues and being proactive in identifying "best practices" for providing quality services. Areas addressed in annual report included: medical management, mental health, social services, quality improvement, education and training, juvenile/shelter and accreditation and audits.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 1

List of Standards Exceeded:

115.34 Specialized Training: Investigations

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedures A, B pages (2-4)
2. Middlesex County Juvenile Detention Center PREA Compliance Manager - Designation
3. Middlesex County Juvenile Detention Center Organizational Chart
4. PREA Audit: Pre-Audit Questionnaire for Middlesex County Juvenile Detention Center

Interviews:

1. Agency PREA Coordinator
2. PREA Compliance Manager
3. Superintendent

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.311 (a)

PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. 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 definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Middlesex County Juvenile Detention Center is committed to zero-tolerance for all forms of sexual abuse assault/misconduct/harassment or rape with-in its congregate care facilities for children and youth and shall be committed to reducing the risk of sexual abuse, sexual harassment, assault, misconduct and rape through implementation of the Prison Rape Elimination Act (PREA) as outlined in PREA Policy, Procedure A, PREA, Sexual Misconduct, Sexual Harassment, General.

Policy provides guidelines for Middlesex County Juvenile Detention Center zero-tolerance for all forms of sexual abuse and sexual harassment, and the implementation of the Prison Rape Elimination Act (PREA) to provide a safe, humane and appropriately secure environment free from threat of sexual abuse/assault/misconduct/harassment or rape provided for all residents living in congregate care settings. Office of Adults and Youth Services policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The resident handbooks include inappropriate behaviors and resulting consequences.

Middlesex County Juvenile Detention Center policies addresses prevention of sexual abuse and sexual harassment through appropriate hiring and staffing of facilities, the designation of facility PREA Compliance Manager, staff supervision, identifying opportunities to separate and monitor sexually aggressive youth and potential victims, housing assignments, criminal background checks, staff training, resident education, PREA posters and educational materials, and creating a facility culture that discourages sexual aggression, abuse and harassment.

The policies address detection of sexual abuse and sexual harassment through resident education, providing protections for viewing and searches, staff training, and intake screening for risk of sexual victimization and abusiveness. The policies address responding to sexual abuse and sexual harassment through increasing awareness of safe reporting mechanisms and available services to victims, continuing education of staff and youth, investigations, disciplinary sanctions for residents and staff, victim advocates, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.

115.311 (b)

PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure.

The PREA Coordinator for the New Jersey Department of Youth Services is responsible for oversight and compliance with PREA standards in all adolescent residential facilities for children and youth. The PREA Coordinator confirmed he has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards.

115.311 (c)

PAQ: The facility has designated a PREA Compliance Manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA Compliance Manager is identified in the organizational chart. The PREA Compliance Manager reports to the Superintendent of Middlesex County Juvenile Detention Center.

The PREA Compliance Manager is responsible for coordination of respective facility's efforts to comply with PREA standards. The PREA Compliance Manager will be responsible for reporting any violation of PREA standards to the agency PREA Coordinator. The PREA Compliance Manager confirmed he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA Juvenile Standards.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor confirmed the agency and facility is fully compliant with this standard regarding zero tolerance of sexual abuse and sexual harassment and designation of an agency wide PREA Coordinator. No corrective action is required.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Written Policies and Procedures Office of Adult Corrections and Youth Services
2. Middlesex County Juvenile Detention PREA Policy
3. New Jersey Juvenile Justice Commissions Manual of Standards (13: 92 - 10.6 [g])
4. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interviews:

Interview Agency PREA Coordinator

Findings (By Provision):

115.312 (a) & (b)

Middlesex County Juvenile Detention Center does not contract for the confinement of residents. This was confirmed by the information provided on the PAQ.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor confirmed the agency and facility is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention PREA Policy, Procedure B, pages (3-4), paragraph (l) (1-8);
2. New Jersey Juvenile Justice Commissions Manual of Standards (13: 92 - 10.6 [g]), the Juvenile Detention Centers Policy and Procedures Manual (1.02.2)
3. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interviews:

1. Interview with the Superintendent
2. Interview with the PREA Compliance Manager
3. Interview with Intermediate or Higher-Level Facility Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.313 (a)

PAQ: Since the 2017 PREA audit:

1. The average daily number of residents: 43.7
2. The average daily number of residents on which the staffing plan was predicated: 100

The Middlesex County Juvenile Detention Center Staffing Plan states adequate care and supervision will be provided at all times to assure that each resident is safe and that his needs are met, in accordance with the resident's developmental level, age and emotional or behavioral problems.

The PREA Compliance Manager confirmed the facility regularly monitors staffing plan, maintains adequate staffing levels to protect residents against sexual abuse, considers monitoring as part of the plan, and documents the plan. When assessing staffing levels and needs the staffing plan considers: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The Superintendent stated he monitors for compliance with the staffing plan to ensure staff are on duty.

The auditor reviewed the Middlesex County Juvenile Detention Center Staffing Plan for verification. The staffing plan is inclusive of the standard requirements.

115.313 (b)

PAQ: Should there be deviations from the staffing plan, the facility documents and justifies all deviations. However, the facility has never deviated from the facility staffing plan.

115.313 (c)

PAQ:

The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.

In the past 12 months:

1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: Zero (0)
2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: Zero (0)

Policy states each facility will maintain staff ratios of a minimum of 1:8 during resident wake hours and 1:16 during sleep hours. Compliance with the staffing plan is maintained by utilizing the PRN staff list. Should staff be unavailable, the on-call administrative staff will provide the additional needed staffing.

The Superintendent confirmed Middlesex County Juvenile Detention Center is obligated by PREA Standards to maintain ratios of staff-to-youth ratios of 1:8 during resident wake hours and 1:16 during sleep hours. He ensures the facility maintains appropriate staffing ratios reviewing the staff schedule.

PREA Site Review: During the onsite tour of the facility the auditor observed the residents were being supervised within designated ratio, 1:8.

115.313 (d)

PAQ: At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The deployment of monitoring technology; or
4. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Annually, the PREA Compliance Manager in consultation with the PREA Coordinator will assess and document needed adjustments to staffing plans or patterns, and resources available to commit to ensure adherence to the staffing plan.

The PREA Compliance Manager confirmed that when assessing adequate staffing levels and the need for video monitoring, the assessment of the facility staffing plan considers all factors required by the standard. The auditor reviewed the Middlesex County Juvenile Detention Center Annual Staffing Plan Assessments for verification. The facility has added upgrades to the video surveillance by installing new DRV's, improving retention time since the last PREA audit.

115.313 (e)

PAQ: The facility requires that intermediate-level or higher-level staff conducts unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

The PREA Compliance Manager conducts unannounced rounds on all shifts on a regular basis and documents rounds. The purpose of the unannounced rounds is to ensure the safety of residents, the security of the facilities and deter any form of sexual abuse or sexual harassment. Staff is prohibited from alerting other staff members or staff at other facilities that unannounced rounds are occurring or may be occurring. Alerting other staff of unannounced rounds will result in disciplinary action. All unannounced rounds will be documented on Unannounced PREA Rounds form.

Middlesex County Juvenile Detention Center utilizes direct staff supervision to protect residents from sexual abuse and harassment. Administrative staff conducts and document unannounced rounds on all shifts for the maintenance of a safe environment. The unannounced rounds cover all shifts and all areas of the Facility. At least two unannounced rounds are conducted per month. Staff is prohibited from alerting other staff of such rounds. All unannounced rounds are documented using the Unannounced PREA Rounds form.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding supervision and monitoring. Corrective action is not required.

Standard 115.315: Limits to cross-gender viewing and searches**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that

information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention PREA Policy, Procedure (H); page (7), paragraphs (1-7);
2. Middlesex County Juvenile Detention Center Orientation for New Employees
3. Middlesex County Juvenile Detention Center Resident Handbook
4. Behavioral Health Center Pre-Audit Questionnaire responses

Interviews:

1. Interviews with a Random Sample of Staff
2. Interviews with a Random Sample of Residents

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.315 (a)

PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.

In the past 12 months:

1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: Zero (0)
2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: Zero (0)

Middlesex County Juvenile Detention Center does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.

115.315 (b)

PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

In the past 12 months:

1. The number of cross-gender pat-down searches of residents: Zero (0)
2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): Zero (0)

115.315 (c)

PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Middlesex County Juvenile Detention Center does not conduct cross-gender pat down, strip searches or visual body cavity searches.

115.315 (d)

PAQ:

The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.

Facility policies and procedures enable residents to shower, perform bodily functions, and change clothing without staff viewing their breasts, buttocks, or genitalia. The population housed at the facility is male and female. All residents shower one at a time behind the privacy of a shower with doors. The toilets also have doors. The doors are locked when not in use.

Resident interviews confirmed they are never naked in full view of staff of either gender. Staff interviews confirmed residents are able to dress, shower, and use the toilet without being viewed by staff of either gender.

PREA Site Review: Staff conducting the tour described the shower process. The residents shower individually behind the privacy of a closed bathroom door. Only lower level showers are utilized on each housing unit, this allows for direct staff supervision.

115.315 (e)

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero (0) such searches occurred in the past 12 months.

Staff members are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Staff interviewed confirmed they are aware policy prohibits them from searching or physically examining a transgender or intersex resident for the purpose of determining the resident's genital status.

115.315 (f)

PAQ: The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100%

Staff interviewed confirmed they have received such training regarding conducting searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Cross-gender pat-down searches do not occur.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (If "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention PREA Policy, Procedure E., Education, page (5) paragraphs (1-6),
2. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses
3. PREA Posters with Hotline Numbers for Outside Support Services (English and Spanish)
4. Middlesex County Juvenile Detention Center Resident Handbook (victim advocacy information)
5. Brochure: What you should know about sexual abuse & sexual assault (English and Spanish)

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the Agency Head Designee
3. Interviews with Residents with Disabilities and Limited English Proficient Residents
4. Interviews with a Random Sample of Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.316 (a)

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

Middlesex County Juvenile Detention Center ensures residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The PREA Compliance Manager confirmed Middlesex County Juvenile Detention Center has established procedures to provide residents with disabilities and residents who are limited English

proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. There were residents who are limited English proficient and with cognitive disabilities identified during the onsite audit. These residents were interviewed by the auditor, with the assistance of a bi-lingual staff

115.316 (b)

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

The facility ensures meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient. The facility has interpreter services provided by New Jersey Department of Youth Services. PREA brochures and PREA posters are available in Spanish and English. There were residents identified as limited English proficient during the onsite audit. Bi-lingual staff also provides support services for LEP residents.

115.316 (c)

PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

1. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.
2. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations: Zero (0)

Each facility will not rely on interpreters within the facilities, except in extreme circumstances where safety may be compromised. Middlesex County Juvenile Detention Center has a staff member who can provide translation for Spanish speaking residents in an emergency. The New Jersey Department of Youth Services will provide interpreter services as needed.

Staff interviewed confirmed the agency does not use resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Staff did not have knowledge of resident interpreters, resident readers, or other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment. There were residents (who are limited English proficient) who were identified during the onsite audit.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English proficient. No corrective action is required.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers

for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention PREA Policy, Procedure F., Hiring Promotions, and Contracting; page (6), paragraphs (1-6)
2. Verification of Backgrounds completed on all staff.
3. Child Abuse Registry Checks
4. Staff Interviews
5. PREA Employee Questionnaire
6. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interview:

1. Interview with Human Resources Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.317 (a)

PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor, who may have contact with residents, who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.

The facility does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or

refuse; or has been civilly or administratively adjudicated to have engaged in in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

The auditor requested and was able to review personnel files and verified questions regarding previous misconduct as a part of employment packet.

115.317 (b)

PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Middlesex County Juvenile Detention Center does not hire or promote anyone who has been found guilty of sexual harassment. The auditor observed employees are asked about previous accusations of sexual harassment as part of the questions regarding previous misconduct.

115.317 (c)

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

During the past 12 months:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: 6
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

Before hiring new employees, who may have contact with residents, the facility performs an extensive criminal background records check including: The National Sex Abuse Registry, Vulnerable Persons Abuse Registry, Drug Offence Registry, and the New Jersey Department Youth Services Database. They contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The facility Human Resources staff confirmed the facility performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions. Background checks are completed every five years for all employees.

The auditor reviewed questions regarding previous misconduct for verification.

115.317 (d)

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

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: N/A

Before hiring new employees, who may have contact with residents, the facility performs an extensive criminal background records check including: The National Sex Abuse Registry/FBI, Child Abuse Registry for New Jersey.

The facility Human Resources staff confirmed the facility performs criminal record background checks and considers pertinent civil or administrative adjudications before enlisting the services of any contractor who may have contact with residents.

115.317 (e)

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

The auditor reviewed criminal background record checks of current employees for verification and five year background checks for all staff.

115.317 (f)

Middlesex County Juvenile Detention Center asks applicants about the disqualifications for employment via the PREA Employment Questionnaire at hire, for promotions, and annually during evaluations.

The facility Human Resources staff confirmed the facility asks all applicants and employees who may have contact with residents about previous misconduct described in section (a)* in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees.

These questions are asked during the hiring process, for promotions and during annual evaluations. The auditor reviewed questions regarding previous misconduct for new hires, promotions, and evaluations for verification.

115.317 (g)

PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Employees have a continuing affirmative duty to disclose any such misconduct and material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The auditor observed employees verify they understand that omissions regarding previous misconduct, or providing false information, shall be grounds for termination. This verification is included with the questions regarding previous misconduct.

115.317 (h)

The facility Human Resources staff confirmed when a former employee applies to work at another institution, upon request from that institution, Middlesex County Juvenile Detention Center can state whether the employee was terminated and whether they would be considered for re-hire.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility meets this standard regarding hiring and promotion decisions. No corrective action is required.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention PREA Policy, Procedure B., page (2), paragraph (g)
2. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Compliance Manager
2. Interview with the Superintendent

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.318 (a)

PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.

The PREA Manager and Superintendent confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.

115.318 (b)

PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

The PREA Manager and Superintendent confirmed when installing or updating the motion monitoring system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse. Since last audit portions of video monitoring equipment were replaced due to lightning damage.

PREA Site Review:

The auditor observed there were expansions or modifications to the facility since the last PREA audit. Additional video surveillance DVR’s have been added that increase retention time for video footage.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technology. No corrective action is required.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention PREA Policy, Procedure K, Criminal and Administrative Investigations; pages (10-11); PREA Procedure B., Medical and Mental Health Care Practitioners; page (9-10)
2. National Protocol For Sexual Assault

Interviews:

1. Interview with the PREA Compliance Manager
2. Interviews with a Random Sample of Staff
3. Interviews with Residents who Reported a Sexual Abuse

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):**115.321 (a)**

PAQ: Middlesex County Juvenile Detention Center is responsible for conducting administrative investigations; the Superintendent/designee shall notify the Middlesex County Prosecutor's Office when a preliminary investigation indicates there is evidence to support the allegation of criminal sexual abuse, (including resident-on-resident sexual abuse or staff sexual misconduct).

All forensics are completed by a local hospital, the Middlesex County Center for Empowerment (Rape Crisis Center) is responsible for the provision of support services to residents. This service is provided at no cost to residents as outlined by policy. There have been no forensic examinations in the last 12 months. When a sexual assault forensic examiner or a sexual assault nurse examiner is not available, a qualified medical practitioner will perform the forensic examination. A youth may elect to refuse medical treatment after an incident of sexual abuse/assault.

115.321 (b)

The uniform evidence protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, 'A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,' or similarly comprehensive and authoritative protocols developed after 2011.

Middlesex County Juvenile Detention Center adheres to the National Protocol for Sexual Assault Medical Forensic Examinations for Adults and Adolescents.

115.321 (c)

PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

During the past 12 months:

1. The number of forensic medical exams conducted: Zero (0)
2. The number of exams performed by SANEs/SAFEs: Zero (0)
3. The number of exams performed by a qualified medical practitioner: Zero (0)

For those sexual abuse incidents alleged to have occurred within seventy two (72) hours, staff will offer to take the child/youth to the local emergency room for examination, collection and preservation of evidence, and treatment (without financial cost to the resident). Staff will request that the examination

be performed by Sexual Assault Forensic Examiners (SAFES's) or Sexual Assault Nurse Examiners (SANE's) if possible. If SAFE's or SANE's cannot be made available, the examination can be performed by other qualified medical professionals at a local hospital.

115.321 (d)

PAQ: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If the rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

The Facility PREA Compliance Manager confirmed a qualified victim advocate from the Middlesex County Center for Empowerment (Rape Crisis Center) would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews.

115.321 (e)

PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Middlesex County Juvenile Detention Center utilizes the Middlesex County Center for Empowerment (Rape Crisis Center) for advocacy services. The auditor confirmed availability of the services through telephone correspondence. These services are available weekdays during normal business hours, afterhours and on weekends. Examinations would be conducted at the local hospital an advocate from the local Rape Crisis Center would accompany and support victims through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The Facility PREA Compliance Manager confirmed a qualified victim advocate from the Middlesex County Center for Empowerment (Rape Crisis Center) would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews.

115.321 (f)

PAQ: The agency is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations. The agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

The Middlesex County Juvenile Detention Center is responsible for administrative investigations; criminal investigative allegations of sexual abuse are referred to the Middlesex County Prosecutor's Office.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention PREA Policy, Procedure K, Criminal and Administrative Investigations; pages (10-11);
2. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interviews:

1. Interview with the Agency Head Designee (Agency Wide PREA Coordinator)
2. PREA Compliance Manager
3. Investigative Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.322 (a)

PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

In the past 12 months:

1. The number of allegations of sexual abuse and sexual harassment that were received: Seven (7)
2. The number of allegations resulting in an administrative investigation: Seven (7)
3. The number of allegations referred for criminal investigation: Zero (0)
4. The number of allegations that were not PREA related: One (1)

Middlesex County Juvenile Detention Center ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct, and sexual harassment. All incidents are documented.

The Agency Head Designee (Agency Wide PREA Coordinator) confirmed that an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. He stated the facility is responsible for all administrative investigations and criminal investigations are completed by the Middlesex County Prosecutor's Office.

115.322 (b)

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at:

<http://www.middlesexcountynj.gov>

PAQ: The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations,

including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at:

<http://www.middlesexcountynj.gov>

115.322 (c)

The PREA Policy describes the responsibilities of the Middlesex County Juvenile Detention Center and the Middlesex County Prosecutor's Office. The auditor reviewed the published policy and verified the policy describes investigative responsibilities of both the Prosecutor's office and Middlesex County Juvenile Detention Center.

115.322 (d)

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

There is no Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment.

115.322 (e)

Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

There is no Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employee understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center Staff Development Plan
2. Middlesex County PREA Procedure C., Training, pages (4-5)
3. Proposed Employee Training Curriculum
4. Staff Confirmation of receipt of PREA
5. Pamphlet What Staff Should Know About Sexual Misconduct with Juveniles
6. Staff Annual Training Record

Interviews:

1. Interviews with a Random Sample of Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.331 (a)

PAQ: The agency trains all employees who may have contact with residents on the eleven (11) required topics.

All staff assigned to work in adolescent residential facilities will receive training in compliance with PREA standards.

The training curriculum includes the following topics:

The Department PREA Coordinator shall ensure that all staff who may have contact with a resident receives initial training with respect to:

- a. JDC Zero Tolerance Policy,
- b. How to fulfill their responsibilities with respect to sexual misconduct and sexual harassment prevention, detection, reporting, and responsive policies and procedures; and
- c. The right of residents to be free from sexual abuse, assault, and harassment.
- d. Right of residents, staff, contractors, volunteers, and others to be free from retaliation for reporting sexual abuse and harassment.
- e. The dynamics of sexual abuse and sexual harassment in confinement.
- f. The common reactions of sexual abuse and sexual harassment in confinement.
- g. How to detect and respond to signs of threatened and actual sexual abuse, how to distinguish between consensual and sexual abuse between residents.
- h. How to avoid inappropriate relationships with residents.
- i. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- j. Laws governing consent for JDC youth.

Such training shall include subject areas specific to each gender, effective and professional communication with persons of each gender and all sexual orientations.

The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents, but all who have contact with residents shall be notified of the zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The Department PREA Coordinator shall ensure that all staff and volunteers receive refresher training every two years, the PREA Coordinator in collaboration with the facility Compliance Manager will provide refresher information on current sexual abuse and sexual harassment policies as needed during the years when refresher training is not conducted.

Staff interviewed confirmed they have received training on the eleven (11) PREA topics in standard 115.331 when hired and PREA refresher training annually. The auditor reviewed staff training records for verification.

115.331 (b)

PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

The auditor reviewed the PREA training curricula/PowerPoints for verification. All staff were knowledgeable of the PREA Standards.

115.331 (c)

PAQ: The number of staff currently employed by the facility, who may have contact with residents, who were trained or retrained on PREA requirements: 63

The percent of staff currently employed by the facility that may have contact with residents, who were trained or retrained on PREA requirements: 100%

The agency PREA refresher training will be conducted once a year. All full and part-time staff members are required to complete the refresher training. The auditor reviewed the PREA training and staff training records for verification.

115.331 (d)

PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Policy states the facility will document, through employee signature or electronic verification that the employees understand the training they have received. Staff must complete all PREA modules with an 80% passing rate. Staff signs the Prison Rape Elimination Act (PREA) Acknowledgement and their participation is electronically recorded in the Staff Training Hours Report.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility meets this standard regarding employee training. Employees are trained annually. No corrective action is required.

Standard 115.332: Volunteer and contractor training**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.332 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure C., Training, page (4)
2. Sexual Abuse/Assault/Harassment Training
3. Protection from Sexual Abuse and Assault
4. Volunteer and Contractor Training Curriculum
5. Volunteer and Contractor Receipt of PREA
6. PREA Fact Sheet

Interviews:

1. Interview with PREA Compliance Manager
2. Interview with Superintendent
3. Human Resources
4. Contract RN (NAPHCARE)
5. Contract Mental Health LCSW

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.332 (a)

PAQ: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

1. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 85
2. The percent of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 100%

All volunteers and contractors assigned to work in adolescent residential facilities will receive training in compliance with PREA standards. Middlesex County Juvenile Detention Center has no active volunteers due to COVID 19 concerns.

115.332 (b)

PAQ: The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Middlesex County Juvenile Detention Center has active contractors, medical and mental health. The auditor reviewed contractor acknowledgement forms for verification. Volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

115.332 (c)

PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.

Volunteers' sign Employee Acknowledgement and Notification of Prison Rape Elimination Act (PREA) to acknowledge they have read the zero-tolerance policy and understand the training they have received.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding volunteer and contractor training. The facility currently has zero volunteers and contractors (medical and mental health) permitted on site. Contractors PREA training was verified. No corrective action is required.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
 Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure E., Training, page (5)
2. Orientation (limited English proficient, deaf, visually impaired, otherwise disabled and limited reading skills)
3. Juvenile Handbook Orientation on Sexual Assault (English and Spanish)
4. Pamphlet What You Should Know About Sexual Abuse and Assault (English and Spanish)
5. Acknowledgement of Prohibition on Sexual Misconduct (Attachment E)
6. Access to Interpreters (limited English proficient, deaf, visually impaired, otherwise disabled and limited reading skills)
7. Intake Screening for Risk of Victimization and Abusiveness (Attachment B)
8. Assessment Checklist (Attachment B2)

Interviews:

1. Interview with PREA Compliance Manager
2. Interviews with Residents (LEP)

Site Review Observations:

Observations during on-site review of physical plant Posters and other Visual Aides.

Findings (By Provision):

115.333 (a)

PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age appropriate fashion.

Of residents admitted during the past 12 months:

1. The number who were given this information at intake: 308
2. The percent who were given this information at intake: 100%

During the intake process, each resident will receive information explaining, in an age and developmentally appropriate fashion; the agencies zero tolerance policy regarding sexual abuse/assault/misconduct/harassment and how to report incidence or suspicions of sexual abuse or sexual harassment. Written and verbal information on PREA will be provided and explained to each resident within (24) twenty-four hours of arrival at the facility.

The Intake Staff confirmed residents are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment and how to report during intake. Written and verbal information on PREA is provided and explained to all residents within 24 hours of intake. Residents interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not to be punished for reporting, during the intake process. They confirmed they received information about the facility's rules against sexual abuse and harassment through training materials, pamphlets, and resident handbooks.

The auditor reviewed intake records of residents entering the facility in the past 12 months and residents were interviewed for verification. This information is documented on the Training of Residents for Emergency Procedures and Orientation form.

115.333 (b)

PAQ: Of residents admitted during the past 12 months:

1. The number who received such education within 10 days of intake: 308
2. The percent who were given this information within 10 days of intake: 100%

Within the initial 10 days of placement, residents will receive a more comprehensive training on PREA. Completion of this training will be documented on the Training of Residents for Emergency Procedures and Orientation form filed in each resident's case file.

The Intake Staff confirmed the facility ensures that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents by providing the information in various educational formats and requiring the residents to sign an acknowledgment form stating they understand the information. He confirmed residents are made aware of these rights within 24 hours after intake. Residents interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not to be punished for reporting, during the intake process. Residents stated they received the information on their first day at the facility. They also confirmed they received information about the facility's rules against sexual abuse and harassment.

Within 72 hours of admission, the facility provides comprehensive age-appropriate orientation to youth, with the staff advising youth of the right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents, and regarding Agency policies and procedures for responding to such incidents. The Agency provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. Residents are provided a handout. Documentation of residents signatures were reviewed and confirmed during resident interviews. All residents must sign Juvenile Receipt of PREA.

Posters are located throughout the Facility. They provide important contact information for the Sexual Assault hotline and victim advocate services. The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification. This information is documented with Juvenile Confirmation of Receipt Prison Rape Elimination Act (PREA). The auditor also reviewed relevant educational materials including posters, resident handbooks, pamphlets, and the PREA Comprehensive Education Curriculum.

115.333 (c)

PAQ: All residents were educated within 10 days of intake.

Within the initial 10 days of placement, residents will receive a more comprehensive training on PREA. Completion of this training will be documented on the Training of Residents for Emergency Procedures and Orientation form filed in each resident's case file.

The Intake Staff confirmed all residents are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment regardless if they are transferred from other facilities.

The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification. Auditor requested that LEP youth receive a PREA refresher utilizing bi-lingual staff. This documentation was submitted prior to submission of final report.

115.333 (d)

PAQ: The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Appropriate provisions are made as necessary for residents who are of limited English proficiency, have disabilities (including those who are deaf or hard of hearing, those who are blind or have low vision), and those with psychiatric, speech or reading disabilities. Limited English proficient residents will be provided with an interpreter for assessments and to provide educational materials. Middlesex County Juvenile Detention Center does not rely on resident interpreters for PREA information and education. If an interpreter is needed, the facility contacts the New Jersey Department of Youth Services who will provide an interpreter.

115.333 (e)

PAQ: The agency maintains documentation of resident participation in PREA education sessions.

Policy states all residents are required to sign a Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA) and the Training of Residents for Emergency Procedures and Orientation form.

The auditor reviewed youth acknowledgment forms of residents entering the facility in the past 12 months and residents interviewed for verification.

115.333 (f)

PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The auditor reviewed the resident handbook, pamphlets, and other educational materials available in English and Spanish. During the site review the auditor observed PREA posters are placed prominently in areas of the facility that are easily accessible by the residents.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding resident education. No corrective action is required.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure E., Training, page (5)
2. Investigator Receipt NIC Training "Investigating Sexual Abuse in a Confinement Setting"
3. Investigator Receipt NIC Training "Coordinator Roles and Responsibilities"

Interviews:

1. Facility Investigator
2. Interview with the PREA Compliance Manager

Middlesex County Juvenile Detention Center does conduct administrative investigation, criminal sexual abuse investigations are referred to the Middlesex County Prosecutor's Office for investigation. There have been no criminal investigations in the last 12 months.

The Special Investigators Unit Training Curriculum includes:

(1) What is PREA; (2) Confined Settings and Sexual Abuse Investigations; (3) Receiving a Referral for a Sexual Abuse Investigation in a Confined Setting; (4) Gathering Information during a Sexual Abuse Investigation in a Confined Setting; (5) Conducting a Sexual Abuse Investigation within a Confined Setting; (6) Interviewing Juvenile Sexual Abuse Victims; (7) Sexual Abuse Evidence Collection in Confinement Settings; (8) False Allegations; (9) Recanting Information; (10) Witnessing Sexual Abuse; (11) Substantiating a Case for Prosecution Referral; (12) Miranda Warning; and (13) Garrity Warning

General training provided to all employees pursuant to 115.331, investigators receive training in conducting investigations in confinement settings to include: Techniques for interviewing juvenile sexual abuse victims, Sexual abuse evidence collection in confinement settings, Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined this standard is rated exceeds.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams *or* the agency does not employ medical staff.)
 Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure E., Training, page (5)
2. Investigator Receipt NIC Training "Investigating Sexual Abuse in a Confinement Setting"
3. Investigator Receipt NIC Training "Coordinator Roles and Responsibilities"
4. Nurse Certification/Licenses
5. Staff Acknowledgement of Prohibition on Sexual Misconduct (Attachment C)
6. Training Records of Medical and Mental Health Practitioners

Interviews:

1. Interview with PREA Compliance Manager
2. PREA Compliance Manager

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.335 (a)

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

1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: Two (2)
2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%

The staff receives the eleven (11) PREA topics in standard 115.331 and the additional specialized topics required by the standard. All full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

115.335 (b)

PAQ: The agency does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.

Policy requires specialized PREA training for medical and mental health staff. Documentation of specialized training was reviewed and confirmed by auditor. Forensic examinations are not conducted onsite; Middlesex County Juvenile Detention Center utilizes the local hospital for forensic exams. Middlesex County Center for Empowerment (Rape Crisis Center) will provide advocacy services for the youth during the forensic sexual assault medical exams.

115.335 (c)

PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

The auditor reviewed NIC certificates, Staff Acknowledgement of Prohibition of Sexual Misconduct (Attachment C) and the Staff Training Hours Report for verification prior to completion of final report.

115.335 (d)

Mental health staff receives the eleven (11) PREA topics in standard 115.331 and the additional specialized topics required by the standard.

The auditor reviewed training records. Mental Health and Medical Staff (contractors) received all required training.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION
AND ABUSIVENESS**

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No

- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure D., Screening and Assessment, page (5)
2. PREA Screening and Assessment Tool (Attachment B1)
3. Assessment Checklist (Attachment B2)
4. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Compliance Manager
2. Interview with the Staff Responsible for Risk Screening
3. Interviews with Residents

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.341 (a)

PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

In the past 12 months:

1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 128
2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100%

The policy requires that a resident's risk level be reassessed periodically throughout their confinement.

During the intake process, the PREA Screening and Assessment Tool and the Assessment, Checklist, and Protocol for Behavior and Risk for Victimization is administered to residents within seventy-two (72) hours of admission. This information is ascertained through conversations with residents during the intake process and by reviewing relevant documentation. Each resident will be reassessed every six months or at any point of significant change in his or her situation.

The auditor reviewed completed copies of PREA Screening and Assessment Tool and the Assessment, Checklist (Attachments B1 and B@) and Protocol for Behavior and Risk for Victimization examples for verification.

The Staff Responsible for Risk Screening confirmed she screens residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. She stated she screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with residents during intake, medical and mental health screenings, and reviewing any relevant court records. Resident's risk levels are reassessed every six months.

Residents interviewed confirmed when they first came to the facility; they were asked questions like whether they have ever been sexually abused, whether they identify with being gay, bisexual or transgender, whether they have any disabilities, and whether they think they might be in danger of sexual abuse at the facility. They stated they were asked these questions the first day at the facility.

115.341 (b)

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

The auditor reviewed the Assessment, Checklist, and Protocol for Behavior and Risk for Victimization examples for verification. The screening instrument is designed to be objective.

115.341 (c)

The PREA Screening Report ascertains: prior victimization; and gender nonconforming appearance or manner or identification as LGBTI, and whether the resident may therefore be vulnerable to sexual abuse; current changes and offence history; age; level of emotional and cognitive development; physical size and stature; mental illness and disabilities; intellectual or developmental disabilities; physical disabilities; the resident's own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The Staff Responsible for Risk Screening confirmed the initial risk screening considers all aspects required by the standard.

115.341 (d)

This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The Staff Responsible for Risk Screening confirmed the information is ascertained through conversations with residents during intake, medical and mental health screenings, and reviewing any relevant court records.

115.341 (e)

Staff members working directly with the residents are advised of the status of a resident at risk of victimization or a resident that is at risk of harming others on a need to know basis.

The Superintendent and PREA Compliance Manager confirmed the agency has outlined who can have access to a resident's risk assessment within the facility, in order to protect sensitive information from exploitation. The information is available on a need-to-know basis.

During the last 12 months, 128 youth have been screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. The policy limits staff access to this information on a "need to know basis". The PREA Screening Report ascertains: prior victimization; and gender nonconforming appearance or manner or identification as LGBTI, and whether the resident may therefore be vulnerable to sexual abuse; current changes and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness and disabilities; intellectual or developmental disabilities; physical disabilities; the resident's own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. Resident and staff interviews and review of document confirms the use of this instrument.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding obtaining information from residents. No corrective action is required.

Standard 115.342: Use of screening information**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.342 (a)**

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure G., Protective Custody or Special Management Housing, page (6)
2. PREA Screening and Assessment Tool (Attachment B1)
3. Assessment Checklist (Attachment B2)
4. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interviews:

1. Interview with the Superintendent
2. Interview with Staff Responsible for Risk Screening
3. Interview with Staff who Supervise Residents in Isolation – N/A
4. Interviews with Transgendered/Intersex/Gay/Lesbian/Bisexual Residents – N/A
5. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – N/A
6. Interviews with Residents

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.342 (a)

PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

The "At-Risk Protocol" will be initiated and completed by each facilities respective PREA Compliance Manager or their designee on residents identified as vulnerable for at risk sexual victimization or identified as having the potential to victimize/ perpetrate, especially in regards to sexually aggressive behavior. Bed and room assignments will be made accordingly on a case by case basis.

The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing and programming assignments.

The auditor reviewed At-Risk Protocol examples demonstrating risk assessment factors are considered in keeping residents safe and free from sexual abuse.

115.342 (b)

PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. In the past 12 months:

1. The number of residents at risk of sexual victimization who were placed in isolation: 0
2. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0
3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

The Superintendent confirmed Middlesex County Juvenile Detention Center does not use isolation for this purpose.

115.342 (c)

PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status is prohibited. Considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually active is prohibited.

The Superintendent and PREA Compliance Manager confirmed gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The auditor observed no designated LGBTI housing at Middlesex County Juvenile Detention Center.

115.342 (d)

PAQ: The agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

The PREA Compliance Manager confirmed housing and programming assignments for transgender and intersex residents are considered on a case-by-case basis whether the placement would ensure the resident's health and safety, and whether the placement would present management or security

problems. However, the facility did not house any transgender and intersex residents during the audit process.

115.342 (e)

PAQ: Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

Each resident will be reassessed every six months or at any point of significant change in his or her situation. The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

115.342 (f)

PAQ: A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed a transgender or intersex resident's own views with respect to his or her own safety is given serious consideration.

115.342 (g)

PAQ: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender and intersex residents are given the opportunity to shower separately from other residents. Single showers with closed doors are available for all residents.

115.342 (h)

PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:

1. A statement of the basis for facility's concern for the resident's safety, and
2. The reason or reasons why alternative means of separation cannot be arranged: N/A

If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the resident's safety; and
- (2) The reason why no alternative means of separation can be arranged.

115.342 (i)

PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

Middlesex County Juvenile Detention Center would prohibit the use of isolation for a resident at risk of sexual victimization. Alternative housing assignment would be explored immediately.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding use of screening information. No corrective action is required.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure I., Reporting Sexual Misconduct or Sexual Harassment, page (8) B. Resident Reporting
2. Resident Handbook
3. Resident Hotline (*9032#)
4. Middlesex County Center for Empowerment (Rape Crisis Center) Hotline 1-877-665-7273
5. Hotline 1-877-NJABuse
6. Resident Acknowledgement of Prohibition on Sexual Misconduct (Attachment E)
7. Third Party Reporting
8. Youth Grievance Form

Interviews:

1. Interview with the PREA Compliance Manager
2. Interviews with a Random Sample of Staff
3. Interviews with Residents
4. Interviews with Residents who Reported Prior Sexual Abuse -NA

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.351 (a)

PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and Staff neglect or violation of responsibilities that may have contributed to such incidents.

The facilities provide internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Internal ways of reporting include reporting to facility/agency personnel or filing a grievance. Grievance forms are assessable to the residents. . Residents have access to pencils for writing grievances and are aware of facility procedure for the submission of a grievance. Staff are available to receive grievances daily.

Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance.

115.351 (b)

PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Residents may also report externally to a public or private entity or office that is not part of the agency. This includes but is not limited to: (1) NJ Juvenile Justice Commission and Hotline at 1-877-NJABUSE (2) Attorney or Guardian; (3) The Middlesex County Center for Empowerment (Rape Crisis Center) (4) Resident's phone *9057#, residents may remain anonymous upon request.

Residents detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials at the New Jersey Department of Homeland Security. The facility has not had any residents detained solely for civil immigration purposes.

The PREA Compliance Manager identified the Child Abuse Hotline as one way residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Calling the hotline enables receipt and immediate transmission of resident reports of sexual abuse or sexual harassment to agency officials and allows the resident to remain anonymous upon request. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance. Residents also could identify someone that does not work at the facility they could report to.

The auditor observed English and Spanish language posters with phone numbers and/or mailing addresses for resident access to outside support services.

115.351 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff is required to document verbal reports. The time frame that staff is required to document verbal reports:

Interviews with staff confirmed when a resident alleges sexual abuse or sexual harassment; they can do so verbally, in writing, anonymously and through third parties. Staff stated they document verbal reports. Most said immediately, but all stated they would document within 24 hours. Residents

confirmed they can make reports of sexual abuse or sexual harassment either in person or in writing and someone else could make the report for them, so they do not have to give their name.

115.351 (d)

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

The PREA Compliance Manager confirmed residents are allowed to have a pencil to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor observed grievance forms are available.

115.351 (e)

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

The facility allows for staff to privately report sexual abuse and sexual harassment of residents by calling the Center for Empowerment (Rape Crisis Center) at 1-877-665-727 and from their resident's phone at *9057#. Staff interviewed identified the youth's phones as a way for them to privately report sexual abuse and sexual harassment of residents.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding resident reporting. No corrective action is required.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA

- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegation of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure I., Reporting Sexual Misconduct or Sexual Harassment, page (8) B. Resident Reporting
2. Middlesex County Juvenile Detention Policy 7.03.1, paragraph 1; Juvenile Grievance and Response
3. Resident Acknowledgement of Prohibition on Sexual Misconduct (Attachment E)

Interviews:

1. Interviews with Residents who Reported Prior Sexual Abuse -NA

Site Review Observations:

Observations during on-site review of physical plant

Findings:

PAQ: In the past 12 months:

The number of grievances that were filed that alleged sexual abuse: Zero (0)

Middlesex County Juvenile Detention Center does have administrative procedures to address resident grievances regarding sexual abuse and is responsible for all administrative procedures to address resident grievances regarding sexual abuse.

Residents may report allegations of sexual abuse at any time regardless of when the incident is alleged to have occurred. Residents are not required to nor should they attempt to resolve with staff an alleged incident of sexual abuse. Incidents are not required to be and should not be referred to the staff member who is the subject of the complaint.

Residents may get assistance in filing requests for administrative remedies relating to allegations of sexual abuse from third parties. Third parties may also file such requests on behalf of residents. If the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, staff members of Middlesex County Juvenile Detention Center must document the resident's decision to decline.

The auditor reviewed the resident handbook to determine that relevant information is provided. The auditor observed a locked grievance box that is checked daily.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure I., Reporting Sexual Misconduct or Sexual Harassment, page (8) B. Resident Reporting
2. Examples of Posters
3. New Jersey PREA Hotline
4. Middlesex County Center for Empowerment (Rape Crisis Center) Hotline Number 1-877-665-7273, or Resident's Phones (*9057#)
5. Resident Handbook
6. Reports to JDC, Resident's Phones (*9032#)
7. Resident Acknowledgement of Prohibition on Sexual Misconduct (Attachment E)
8. Access to Outside Support Services

Interviews:

1. Interview with the PREA Compliance Manager
2. Interview with the Superintendent
3. Interviews with Residents
4. Interviews with Residents who Reported Prior Sexual Abuse -NA

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.353 (a)

PAQ: The facility provides resident's access to outside victim advocates for emotional support services related to sexual abuse by:

1. Giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.
2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

Middlesex County Juvenile Detention Center provides residents with access to outside victim advocates for emotional support services related to sexual abuse. Middlesex County Center for Empowerment (Rape Crisis Center) has a Child Abuse Hotline Number, residents have the ability to call from their phones by dialing (*9057#). Middlesex County Juvenile Detention Center also provides the residents with a mailing address, email address, telephone number, and hotline number for the New Jersey Department of Youth Services. This information is provided as part of the resident PREA education. For persons detained solely for civil immigration purposes, immigrant services agency information is available to contact the New Jersey Department of Homeland Security.

Residents acknowledged there are services available outside of this facility for dealing with sexual abuse if they ever need it. They confirmed they knew about the availability of a victim advocate and knew the information was included in their handbooks and posted on the walls. They confirmed they would be able to talk with people from outside services when needed and the call would be private.

115.353 (b)

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

The facilities inform residents, prior to giving them access, of the extent to which such communications will be monitored. The facilities enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. Telephone calls are monitored with sight, but not sound supervision.

Interviews with residents confirmed they were knowledgeable of mandatory reporting rules when having conversations with people from outside services.

115.353 (c)

PAQ: The agency or facility maintains agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

Middlesex County Juvenile Detention Center also provides the residents with a mailing address, email address, telephone number, and hotline number for the Middlesex County Center of Empowerment (Rape Crisis Center). This information is provided as part of the resident PREA education.

115.353 (d)

PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

If a resident request to consult with their attorney, the resident's PREA Compliance Manager will contact youth's attorney and request the consultation. Residents may make phone calls to immediate family.

The Superintendent and PREA Compliance Manager confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Residents confirmed the facility allows them to see or talk with their lawyer or another lawyer and they are allowed to talk with that person privately. Residents also confirmed the facility allows them to see or talk with their parents or someone else such as a legal guardian.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility meets this standard regarding resident access to outside confidential support services and legal representation by providing a range of outside support services. No corrective action is required.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure I., Reporting Sexual Misconduct or Sexual Harassment, pages (8-9) C. Third Party Reporting

Interviews:

1. Interview with the Warden
2. Interview with the Superintendent
3. Interview with PREA Compliance Manager
4. Interviews with Residents

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.354 (a)

PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.

Third parties, including parents, other residents, or any other person may report allegations of resident sexual abuse or sexual harassment. Parents/Legal Guardians are provided a handbook containing a grievance form and procedures for reporting. New Jersey Department of Corrections website provides directions for making third party reports.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding third-party reporting. No corrective action is required.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure I., Reporting Sexual Misconduct or Sexual Harassment, pages (7-8) C. Third Party Reporting
2. Incident Report
3. Staff Acknowledgement of Prohibition on Sexual Misconduct (Attachment C)
4. Confirmation of Parent/Attorney/Guardian Notification

Interviews:

1. Interview with the PREA Compliance Manager
2. Interview with the Superintendent
3. Interviews with a Random Sample of Staff
4. Interviews with PREA Compliance Manager

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.361 (a)

PAQ: The agency requires all staff to report immediately and according to agency policy:

1. Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.
2. Any retaliation against residents or staff who reported such an incident.
3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

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.

Mandatory reporting requires all staff to report immediately and according to policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; 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.

Staff confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a 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. Staff stated they would report to their immediate supervisor.

115.361 (b)

PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

Staff confirmed PREA training includes how to comply with relevant laws related to mandatory reporting of sexual abuse.

115.361 (c)

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

Apart from reporting to designated supervisors/superintendents, staff 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.

Staff confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a 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. Staff stated they would report to their immediate supervisor.

115.361 (d)

Therapists are required to report sexual abuse and sexual harassment to the Juvenile Justice Commission and Hotline (1-877-NJABUSE). They are mandated to follow duty to report. Therapists are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

115.361 (e)

Upon receiving any allegation of sexual abuse, the Superintendent/Designee, shall promptly report the allegation to the alleged victim's parents or legal guardians, unless Middlesex County Juvenile Detention Center has official documentation showing the parents or legal guardians should not be notified.

The PREA Compliance Manager confirmed when the facility receives an allegation of sexual abuse the allegation is reported the Superintendent/Designee, IAU and the PREA Coordinator upon receipt of sexual misconduct. The victim's legal guardians or parents are notified. These notifications would occur the same day of the allegation.

115.361 (f)

All allegations of sexual abuse must be reported immediately to the NJ Juvenile Justice Commission and the NJ Abuse Hotline (1-877-NJABUSE).

Middlesex County Juvenile Detention Center requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the Facility; retaliation against a resident or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Medical and mental health staff is required to inform the residents at the initiation of services of their duty to report and the limitations of confidentiality. Staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the NJ Juvenile Justice Commission.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure I., Reporting Sexual Misconduct or Sexual Harassment, page (8) B. Resident Reporting
2. Middlesex County Juvenile Detention Center PREA Policy, Procedure G., Protective Custody or Special Management Housing
3. PREA Form 115.342.1 Isolation Activity Log

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Superintendent
3. Interviews with Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings:

PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

In the past 12 months:

1. The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: Zero (0)

Middlesex County Juvenile Detention Center requires that upon learning a resident is subject to a substantial risk of imminent sexual abuse immediate action shall be taken to protect the resident.

The Agency PREA Coordinator confirmed that immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include separating the potential victim from the potential aggressor; 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.

Any placement or retention of a resident in a special management housing unit or protective custody housing unit shall be documented in accordance with Departmental policies and procedures.

Residents 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

The Superintendent confirmed when he learns that a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions such as separating youth. He confirmed staff should respond immediately to protect residents at substantial risk of imminent sexual abuse.

Staff confirmed they would immediately separate a potential victim from harm and provide close observation.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.

Standard 115.363: Reporting to other confinement facilities**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.363 (a)**

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure I., Reporting Sexual Misconduct or Sexual Harassment, pages (7-7) A. Staff Reporting
2. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses
3. First Responder Guidelines for Sexual Assault

Interviews:

1. Interview with the Agency Head Designee

2. Interview with the Superintendent

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.363 (a)

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

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

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.

115.363 (b)

PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

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. T

115.363 (c)

PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Such contacts will be documented within 72 hours of receiving the allegation.

115.363 (d)

PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: Zero (0)

The PREA Compliance Manager shall immediately notify the Superintendent/Designee, IAU, and the PREA Coordinator upon receipt of any report of sexual misconduct. IAU shall promptly notify the

Prosecutor's office once it is determined that sufficient probable cause exists to warrant such notification.

There have been no reports from other facilities related to sexual abuse or harassment of a resident placed at Middlesex County Juvenile Detention Center. Agency policy serves as the guide should the event ever occur. Upon receiving an allegation that a juvenile was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the facility where the alleged abuse occurred and shall also notify the appropriate investigative agency.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure J., Responding to a Report of Sexual Misconduct or Sexual Harassment / Coordinated Written Plan in Response to Allegations of Sexual Abuse: A First Responder Guidelines page (9)
2. Written Policy and Procedures

Interviews:

1. Interview with Superintendent
2. Interview with PREA Compliance Manager

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.364 (a)

PAQ: The agency has a first responder policy for allegations of sexual abuse. The agency policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, the number of allegations that a resident was sexually abused: Seven (7)

Of these allegations, the number of times the first non-security staff member to respond to the report separated the alleged victim and abuser: zero (0)

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: zero (0)

Upon receiving notice of an incident of sexual abuse by a resident, or if an employee witnesses or unexpectedly encounters an assault taking place, the employee will ensure the resident is kept safe and kept separated from the perpetrator, immediately notifying the Residential Manager or Manager on call, and:

1. Ensure resident does not change clothes, shower, wash, brush teeth, rinse mouth, eat, drink, or use the toilet until all physical evidence is obtained in connection with the violation: and
2. Secure the incident area and treat it as a crime scene.

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.

Interviews with Staff First Responders confirmed they were knowledgeable of their first responder duties.

115.364 (b)

PAQ: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

1. Request that the alleged victim not take any actions that could destroy physical evidence.
2. Notify security staff.

Interviews with staff confirmed they are knowledgeable of their first responder duties.

The auditor reviewed the agency protocol for "Sensitivity to juvenile offenders who are victims of sexual assault is critical". All areas were covered to include duties for security and non-security staff members. There have been seven (7) allegations that a resident was sexually abused within the last 12 months. Random staff interviews revealed considerable knowledge of actions to be taken upon learning that a resident was sexually abused.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding staff first responder duties. No corrective action is required.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

- Middlesex County Juvenile Detention Center PREA Policy, Procedure J., Responding to a Report of Sexual Misconduct or Sexual Harassment / Coordinated Written Plan in Response to Allegations of Sexual Abuse, page (9):
- Written Institutional Plan

Interview:

Interview with the Superintendent
Interview with the PREA Compliance Manager

Site Review Observation:

Observations during on-site review of physical plant

Findings:

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

In response to allegations of sexual abuse, the JDC has developed a written plan to coordinate actions taken among staff first responders, medical and mental health practitioners, investigators, and agency leadership.

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., and 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.

The Superintendent confirmed the facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The JDC Protocol: First Responder Guidelines for Sexual Assault coordinates actions among staff first responders and facility leadership.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding a coordinated response. No corrective action is required.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Agreement Between County of Middlesex County and A.F.S.C.M. E Council #63 Local 3256 Youth Services
2. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interview:

Interview with the Agency Head Designee (PREA Compliance Coordinator)

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.366 (a)

PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.

Middlesex County Juvenile Detention Center does have a collective bargaining agreement with the Board of Chosen Freeholders 3256 Union that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The PREA Coordinator confirmed Middlesex County Juvenile Detention Center has entered into or renewed any collective bargaining agreement on January 1, 2017 until December 31, 2020. The facility provided the auditor with a copy of the agreement for review.

115.366 (b)

Middlesex County Juvenile Detention Center has entered into or renewed any collective bargaining agreement on January 1, 2017 thru December 31, 2020.

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."

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding preservation of the ability to protect residents from contact with abusers. No corrective action is required.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure B: Department PREA Coordinator and Facility PREA Compliance Managers
2. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Superintendent
3. Interview with the Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - N/A
5. Interview with Residents who Reported a Sexual Abuse – N/A

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.367 (a)

PAQ: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.

The name(s) of the staff member(s): Mark Petscavage

The title(s) of the staff member(s): Sergeant (PREA Compliance Manager)

Retaliation or negative consequences for reporting sexual abuse/ harassment or cooperating with sexual abuse/ harassment investigations will not be tolerated and may result in disciplinary action up to and including termination.

115.367 (b)

The PREA Compliance Manager stated protective measures would be made on a case-by-case basis to ensure that all staff and residents are being treated fairly. Staffing changes, housing changes, and safety plans would be made as needed. The Superintendent stated the facility would make housing changes or transfers, remove alleged abusers, provide emotional support services, and increase staff supervision. The Designated Staff Member Charged with Monitoring Retaliation, he stated the different measures he would take to protect residents and staff from retaliation would be the same. He confirmed he would initiate contact with residents who have reported sexual abuse. Contact would occur at least weekly through the treatment team.

115.367 (c)

PAQ: The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The length of time that the agency and/or facility monitor the conduct or treatment: 90 days

The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: Zero (0)

For a period of ninety (90) days following a report, the PREA Coordinator, along with the respective PREA Compliance Manager, will monitor the treatment of residents or staff that made a report and the resident who were reported to be abused to identify attempts at retaliation or negative consequences and will act immediately to remedy any such actions. Monitoring will include, but not be limited to:

1. Resident disciplinary reports (Behavioral Reviews)
2. Negative staff reviews or requests for transfers
3. Periodic status checks of residents

The PREA Compliance Manager stated the measures he would take if he suspects retaliation; that includes talking with staff and youth, interviewing staff and residents and providing consequences of retaliation. As the Designated Staff Member Charged with Monitoring Retaliation, he stated things he looks for to detect possible retaliation includes staff giving too many consequences. He monitors disciplinary reports and periodic status checks. He stated he would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days. If there is concern that potential retaliation might occur, the maximum length

of time that the facility would monitor conduct and treatment would be until a youth expresses no further retaliation or is released.

115.367 (d)

Policy states monitoring will include periodic status checks of residents.

The Designated Staff Member Charged with Monitoring Retaliation confirmed monitoring would include periodic status checks.

115.367 (e)

If any individual involved in a report expresses fear of retaliation, appropriate measures will be taken to protect that individual.

The Superintendent stated if an individual who cooperates with an investigation expresses fear of retaliation, the agency takes measures to protect that individual against retaliation including developing a safety plan and providing emotional support from the therapist. The Director stated the different measures he would take to protect residents and staff from retaliation would include housing changes or transfers, remove alleged abusers, provide emotional support services, and increase staff supervision. He stated measures he would take when he suspects retaliation would be the same.

115.367 (f)

Policy states responsibility to monitor will terminate if the allegation is found to be unfounded.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure G: Protective Custody or Special Management Housing, page (6)
2. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interview:

1. Interview with the Superintendent

Site Review Observations:

Observations during on-site review of physical plant

Findings:

PAQ:

The number of residents who allege to have suffered sexual abuse who were placed in isolation: Zero (0)

Residents at high risk of sexual victimization, or who are alleged to have suffered sexual abuse, shall not 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 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.

Any placement or retention of a resident in a special management housing unit or protective custody housing unit shall be documented in accordance with Departmental policies and procedures.

Residents 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.

The Superintendent confirmed the facility does not use segregated housing or isolation to protect residents who are alleged to have suffered sexual abuse.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
 Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure K: Criminal and Administrative Investigations; pages (10-11)
2. Records Retention Schedule
3. PREA Compliance Manager/Investigation Checklist (Attachment G)
4. Youth Notification Investigative Outcome (Attachment H)
5. PREA Incident Review (Attachment I)
6. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interviews:

1. Interview with Superintendent
2. Interview with PREA Compliance Manager

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.371 (a)

PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.

An internal investigation shall be conducted immediately upon the report of abuse, neglect, and or sexual abuse/harassment. The Superintendent/designee shall notify the Middlesex County Prosecutor's 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 shall be limited to those individuals on a need to know basis consistent with state and federal laws, regulations, statutes, professional licensure and ethical standards.

115.371 (b)

Investigators receive specialized training in sexual abuse investigations involving juveniles. The investigator confirmed he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings (NIC) through classroom and computer-based training. He confirmed he received the required training.

115.371 (c)

The Middlesex County Prosecutor's Office Investigator gathers all evidence, and interviews alleged victims, suspected perpetrators, and witnesses. The investigation will include reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigator will not terminate the investigation solely because the victim recants the allegation.

The Middlesex County Prosecutor's Office investigator confirmed the first steps in initiating an investigation is contacting the facility where an allegation of sexual abuse or sexual harassment has been made and requesting all available information. This occurs within 24 hours. He then travels to the facility to conduct interviews with the alleged victim, alleged perpetrator, and all witnesses. Direct and circumstantial evidence he would be responsible for gathering in an investigation of an incident of sexual abuse would include interviews, statements, third-party information, etc.

115.371 (d)

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

The Middlesex County Prosecutor's Office investigator confirmed an investigation does not terminate if the source of the allegation recants the allegation.

115.371 (e)

The facility investigator confirmed when he discovers evidence that a prosecutable crime may have taken place, he consults with prosecutors before conducting compelled interviews.

115.371 (f)

The Middlesex County Prosecutor's Office investigator confirmed he judges the credibility of an alleged victim, suspect, or witness based on evidence. He stated under no circumstance, does he require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

115.371 (g)

The Middlesex County Prosecutor's Office investigator confirmed the efforts he makes during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse include investigating the allegation and coordinating with the Agency PREA Coordinator. He confirmed he documents administrative investigations in written reports. The reports include incident reports, interviews, and all available evidence.

115.371 (h)

The Middlesex County Prosecutor’s Office investigator confirmed criminal investigations documented. There was no criminal investigation during the audit period; the investigations are documented in the appropriate incident reporting section.

115.371 (i)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of sustained allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: Zero (0)

The Middlesex County Prosecutor’s Office investigator confirmed cases are referred for prosecution only when there are substantiated allegations of conduct that appears to be criminal.

115.371 (j)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

All investigations, whether administrative or criminal, must be documented in written reports, which must be retained by the facility for as long as the alleged abuser is incarcerated or employed by the department, plus five years.

115.371 (k)

The Middlesex County Prosecutor’s Office investigator confirmed an investigation continues when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct.

115.371 (l)

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

115.371 (m)

The Superintendent and PREA Compliance Manager stated when an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.

Standard 115.372: Evidentiary standard for administrative investigations**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.372 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure K: Criminal and Administrative Investigations; pages (10-11)
2. Written Policy and Procedures
3. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interview:

Interview with the facility Investigator

Site Review Observations:

Observations during on-site review of physical plant

Findings:

PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

Middlesex County Prosecutor's Office policy states a report of child abuse by the alleged perpetrator may be classified as substantiated if there is a preponderance of evidence, in light of the entire record, which substantiated the individual committed physical, severe or child sexual abuse.

The Middlesex County Prosecutor's Office investigator confirmed he refers to the preponderance of the evidence to substantiate allegations of sexual abuse or sexual harassment.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility; does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure L: Reporting to Residents, page (11)
2. Youth Notification of Investigative Outcome (Attachment H)
3. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interviews:

1. Interview with Superintendent
2. Interview with Investigator
3. Interview with Residents who Reported a Sexual Abuse

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.373 (a)

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

In the past 12 months:

1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: Seven (7)
2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: Seven (7)

Following an investigation into a resident's allegation of sexual abuse occurring in a Middlesex County Juvenile Detention Center facility, the resident will be informed as to whether the allegation has been determined to be substantiated or unsubstantiated. Such information will be requested from the investigative agency (Middlesex County Prosecutor's Office) in order to inform the resident.

The Superintendent confirmed a resident who makes an allegation of sexual abuse is notified that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The Middlesex County Prosecutor's Office Investigator confirmed he is aware that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

115.373 (b)

PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

In the past 12 months:

1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: Zero (0)
2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: Zero (0)

Middlesex County Prosecutor's Office conducts criminal sexual abuse investigations. In the past 12 months there have been on criminal investigations for sexual abuse.

115.373 (c)

PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:

1. The staff member is no longer posted within the resident's unit;
2. The staff member is no longer employed at the facility;
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following a resident's allegation of sexual abuse by a staff member that is investigated, determined to be substantiated and the resident is still residing in a Middlesex County Juvenile Detention Center facility, the PREA Compliance Manager will inform the resident if the staff member is no longer working at the facility, no longer employed at the facility, has been indicted on a charge related to sexual abuse within the facility or convicted on a charge related to sexual abuse within the facility. This notification will be documented and provided to the youth.

115.373 (d)

PAQ: Following a resident’s allegation that he/she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Following a resident’s allegation of sexual abuse by another resident that is investigated, determined to be substantiated and the alleged resident victim is still residing in a Middlesex County Juvenile Detention Center facility, the PREA Compliance Manager will inform the resident if the alleged abuser has been indicted on a charge related to sexual abuse within the facility or convicted on a charge related to sexual abuse within the facility. This notification will be documented and provide to the youth.

115.373 (e)

PAQ: The agency has a policy that all notifications to residents described under this standard are documented.

In the past 12 months:

1. The number of notifications to residents that were made pursuant to this standard: Seven (7)
2. The number of those notifications that were documented: Seven (7)

Notifications will be documented on the Youth Notification of Investigation Outcome (Attachment H) and provide to the youth.

115.373 (f)

An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure M: Discipline, page (11)
2. Disciplinary Sanctions for Sexual Misconduct
3. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interview:

1. Interview with Superintendent

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.376 (a)

PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

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.

115.376 (b)

In the past 12 months:

1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: Zero (0)
2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: Zero (0)

115.376 (c)

PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: Zero (0)

Disciplinary sanctions for violations of Middlesex County Juvenile Detention Center 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.

115.376 (d)

PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: Zero (0)

All terminations for violations of Middlesex County Juvenile Detention Center 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.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure M: Discipline, page (11)
2. Contract Staff/Volunteer Acknowledgement of Prohibition on Sexual Misconduct (Attachment D)
3. Reports to Middlesex County Prosecutor's Office - NA
4. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interview:

1. Interview with Superintendent

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.377 (a)

PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.

The facilities maintain form 115.332 Volunteer and Contractor Receipt of PREA confirming that volunteers and contractors understand the training they have received. The acknowledgement form states the Middlesex County Juvenile Detention Center's zero-tolerance policy and requires that any contractor or volunteer who violates the policy will be terminated and referred for criminal prosecution unless the activity was clearly not criminal.

115.377 (b)

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

The Superintendent confirmed that any volunteer or contractor who engages in sexual abuse would be prohibited further contact with the residents pending investigation.

Middlesex County Juvenile Detention Center policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Middlesex County Juvenile Detention Center takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any other violation of Agency sexual abuse or sexual harassment policies by a contractor or volunteer.

No contractors or volunteers were reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents within the twelve-month audit period. Middlesex County Juvenile Detention Center does have contractors or volunteers who come in contact with the residents. The facility currently has (40) forty contractors and (45) volunteers who are authorized to enter the facility, per the PQA

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure N: Interventions and Disciplinary Sanctions for Residents, page (12)
2. Resident Disciplinary Report
3. Resident Disciplinary Hearing Report
4. Housing Unit Placement Form
5. Crisis Intervention Treatment Notes
6. Investigative Outcome
7. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interviews:

1. Interview with Superintendent
2. Interview with PREA Compliance Manager

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.378 (a)

PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

In the past 12 months:

1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: Seven (7)
2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: Zero (0)

It is the policy of the New Jersey Department of Youth Services that residents will be subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding that the resident engaged in resident on resident sexual abuse/ harassment. Therapy, counseling, and case management services will be provided to address and correct the underlying reasons or motivations for abuse.

115.378 (b)

In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

In the past 12 months:

1. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: Zero (0)
2. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A
3. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: N/A

Middlesex County Juvenile Detention Center does not use isolation as a disciplinary sanction. The Superintendent stated disciplinary sanctions would include placing youth on restriction or placement changes. The sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Isolation is not used as a disciplinary sanction.

115.378 (c)

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

When determining sanctions, a resident's mental disabilities or mental illness is considered when determining what type of sanction, if any, should be imposed.

The Superintendent confirmed mental disability or mental illness is considered when determining sanctions.

115.378 (d)

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior based incentives. Access to general programming or education is not conditional on participation in such interventions.

The facility would consider whether to refer the offending resident to counseling or other interventions designed to address and correct underlying reasons motivations for abuse.

115.378 (e)

PAQ: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Residents will be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.378 (f)

PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g)

PAQ: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Middlesex County Juvenile Detention Center residents may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

If the Facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the Facility would offer the offending resident participation in such interventions. The Agency does not require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Participation is not required for access to general programming or education. The Director of The Office of Investigations will refer youth for criminal prosecution when appropriate. The Agency will discipline a resident for sexual contact with staff only upon finding the staff member did not consent to such contact.

Isolation is not used as a disciplinary measure for resident-on-resident sexual abuse. The Facility prohibits disciplinary action for a youth reporting sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Middlesex County Juvenile Detention Center has a zero-tolerance policy toward all sexual activity between residents and may discipline residents for such activity. The Agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Middlesex County Juvenile Detention Center does not utilize isolation. There have been no administrative or criminal findings of resident-on resident sexual abuse at the facility within the twelve month audit period.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding disciplinary sanctions for residents. No corrective action is required.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure D: Screening and Assessment, page (5)
2. PREA Screening and Assessment Tool
3. Assessment Checklist

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Compliance Manager
3. Interviews with Residents who Disclosed Sexual Victimization at Risk Screening - NA

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.381 (a)

PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting is offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100%

Counselor will develop treatment interventions, determine if further screenings or assessments are indicated and for youth who have experienced prior sexual victimization, the assigned therapist will begin treatment or make an outside referral within (14) fourteen days of the intake screening.

Middlesex County Juvenile Detention Center had no residents with prior victimization and/or who scored high risk on the risk screen during intake during the audit reporting period.

The Staff Responsible for Risk Screening confirmed that if screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, a follow-up meeting is offered. She confirmed the meeting would occur within fourteen (14) days.

115.381 (b)

PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting is offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%

Each resident will be assigned a mental health therapist who will develop treatment interventions, determine if further screenings or assessments are indicated and for youth who have experienced prior sexual victimization, the assigned therapist will begin treatment within (14) fourteen days of the intake screening.

The Staff Responsible for Risk Screening confirmed that if screening indicates that a resident previously perpetrated sexual abuse, whether in an institutional setting or in the community, a follow-up meeting is offered. She confirmed the meeting would occur within fourteen (14) days.

115.381 (c)

PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

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

115.381 (d)

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

The PREA Compliance Manager confirmed informed consent from residents is obtained from residents before reporting about prior sexual victimization that did not occur in an institutional setting. He stated he is a mandatory reporter. The facility houses resident aging 12 – 24 years of age.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding medical and mental health screenings, history of sexual abuse. No corrective action is required.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure J: Responding to a Report of Sexual Misconduct or Sexual Harassment / Coordinated Written Plan in Response to Allegations of Sexual Abuse, page (9): B. Medical and Mental Health Care Practitioners, page (9)
2. Middlesex County Center for Empowerment (Rape Crisis Center)
3. Staff Acknowledgement of Prohibition on Sexual Misconduct (Attachment C)
4. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Compliance Manager
2. Interview with the Superintendent
3. Interviews with Residents who Reported Prior Sexual Abuse -NA
4. Interviews with Security Staff and Non-Security Staff First Responders

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.382 (a)

PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis.

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 (Rape Crisis Center) during the examination. 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 resident.

The Superintendent ensures resident victims of sexual abuse while incarcerated shall be offered timely information and access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Resident victims of sexual abuse receive immediate and unimpeded access to emergency medical treatment and crisis intervention services.

The PREA Compliance Manager stated the nature and scope of these services would be determined according to her professional judgment and she would provide all services needed.

115.382 (b)

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

Staff were knowledgeable of their first responder duties, including how to take preliminary steps to protect a victim and immediately notifying the appropriate medical and mental health practitioners by following the First Responder Guidelines for Sexual Assault.

115.382 (c)

PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

If the resident has not been offered testing for sexually transmitted diseases at the hospital, the facility medical staff shall offer it as soon as possible upon the resident's return to the facility and shall offer 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 shall notify the resident upon her return to the facility that they may return to the hospital for this purpose.

Accordingly, medical and mental health evaluations, and as appropriate, treatment must be offered to all residents who have been victimized by sexual abuse in any facility, even if the abuse did not occur at the JDC.

115.382 (d)

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

The victim cannot be 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.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure J: Responding to a Report of Sexual Misconduct or Sexual Harassment / Coordinated Written Plan in Response to Allegations of Sexual Abuse, pages (9): B. Medical and Mental Health Care Practitioners
2. Middlesex County Center of Empowerment (Rape Crisis Center)
3. Medical Mental Health Records
4. Treatment Notes
5. Test Results
6. Mental Health Status Evaluation
7. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Compliance Manager
2. Interviews with Residents who Reported Prior Sexual Abuse -NA

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.383 (a)

PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Residents who are the victim of sexual abuse will be provided prompt and appropriate medical treatment and counseling, to include but not limited to:

1. Facility staff provides emotional support to the resident through the forensic medical exam process and investigation interviews.
2. The development of a safety plan that includes a review / adjustment (if necessary), of bed and bedroom assignments, or possible facility/placement reassignment to keep the resident safe and free from sexual abuse.
3. An assessment by a mental health professional.
4. Mental health counseling as needed considering the preferences of the resident. Services will be provided by mental health professionals with-in Middlesex County Juvenile Detention Center or an outside provider. The resident's preferences will be documented.

115.383 (b)

The evaluation and treatment of victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

115.383 (c)

The facility provides victims with medical and mental health services consistent with the community level of care.

115.383 (d)

PAQ: Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.

115.383 (e)

PAQ: If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Information about timely access to emergency contraception, lawful pregnancy related medical services and sexually transmitted infections prophylaxis will be provided. Middlesex County Juvenile Detention Center does not house female youth.

115.383 (f)

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections at local area hospitals.

115.383 (g)

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

Victim are not 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.

115.383 (h)

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

The PREA Compliance Manager confirmed a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate. She stated the mental health evaluation would be offered as soon as she is notified.

Middlesex County Center of Empowerment (Rape Crisis Center) shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA standards. Care is consistent with the community level of care.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1) - (d) (5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure P: Data Collection and Review, pages (12-13)

2. Middlesex County Juvenile Detention Center PREA Policy, Procedure O: Sexual Abuse Incident Review, page (12)
3. Incident Reports
4. Sexual Abuse Incident Review
5. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Interviews:

1. Interview with Superintendent
2. Interview with PREA Compliance Manager
3. Interview with Incident Review Team Members

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):**115.386 (a)**

PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: Seven (7)

A sexual Abuse Incident review will occur within 30 days of the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded.

115.386 (b)

PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: Three (3)

115.386 (c)

PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The JDC shall 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 and designated social worker, and the facility PREA Compliance Manager.

Middlesex County juvenile Detention Center’s incident review team includes the Superintendent, the PREA Compliance Manager, a Social Worker, a Lieutenant, Medical personnel and a Mental Health professional.

115.386 (d)

PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any

recommendations for improvement and submits such report to the facility head and PREA compliance manager.

The review team will:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by:
 - Race
 - Ethnicity
 - Gender Identity
 - Lesbian, gay, bisexual, transgender (GLBT) or intersexual identification, status, or perceived status, or
 - Gang affiliation or was motivated or otherwise caused by other group dynamics at the facility.
3. Meet at the facility where the alleged incident occurred, examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing patterns during certain shifts;
5. Assess monitoring technology adequacy; and
6. Document any recommendations for improvement, or reasons for not doing so.

The Superintendent and PREA Compliance Manager confirmed the PREA Incident Review Team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacies of staffing levels in the area are assessed for different shifts. He confirmed the PREA Incident Review Team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. The facility prepares a report of its findings from the review, including any determinations and any recommendations for improvement.

115.386 (e)

PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.

There have been seven (7) administrative investigations of sexual abuse conducted in the last 12 months; this was confirmed interviews and the PAQ.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure P: Data Collection and Review, pages (12-13)
2. U.S. DOJ Form SSV-IJ Survey of Sexual Violence Reporting, Incident Form (Juvenile)
3. Annual Survey of Sexual Violence
4. Annual Data Review
5. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses
6. Survey of Sexual Victimization Substantiated Incident Form (Juvenile)

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.387 (a)

PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

The JDC shall 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.

115.387 (b)

PAQ: The agency aggregates the incident-based sexual abuse data at least annually.

The auditor reviewed the aggregated incident-based sexual abuse data.

115.387 (c)

PAQ: The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

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.

115.387 (d)

PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

JDC maintains, reviews, and collects data as needed from all available incident-based documents, including report and investigation files. Middlesex County Juvenile Detention Center maintains sexual abuse incident reviews.

115.387 (e)

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content.

Middlesex County Juvenile Detention Center does not contract with other facilities for the confinement of its residents.

115.387 (f)

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The DOJ did not request Middlesex County Juvenile Detention Center to provide all such data from the previous calendar year.

Middlesex County Juvenile Detention Center collects accurate, uniform data for all allegations of sexual abuse and sexual harassment using the U.S. DOJ Form SSV-IJ Survey of Sexual Violence Reporting, Incident Form (Juvenile). The Agency maintains reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data collection. No corrective action is required.

Standard 115.388: Data review for corrective action**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.388 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure P: Data Collection and Review, pages (12-13)
2. Annual Data Review
3. Annual Facility PREA Report
4. Annual JDC PREA Report
5. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses

Document (Corrective Action):

1. Annual Reports published at:
<http://www.middlesexcountynj.gov/Government/Departments/PSH/Documents>

Interviews:

1. Interview with the Agency Head Designee (PREA Compliance Coordinator)
2. Interview with the PREA Coordinator

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.388 (a)

PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

1. Identifying problem areas;

2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Data will also be sent to 1. Middlesex County Juvenile Detention Center's Director of Quality Improvement to collect and aggregate in order to assess and improve the effectiveness of sexual abuse prevention, detection, and response to policies, practices and training including by preparing an annual report of findings and corrective actions for each facility, as well as the agency as a whole. A comparison of the current years data and corrective actions with those from prior years and shall provide an assessment of the agencies progress in addressing sexual abuse.

The Agency Head Designee/ PREA Coordinator confirmed the facility uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training to identify problem areas and take corrective action as needed. The agency ensures that data collected is securely retained.

115.388 (b)

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

The auditor reviewed the annual reports for verification.

115.388 (c)

PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

The report will be approved by the agencies Performance Improvement Committee and annually by the Board of Directors and made available to the public through the web-site or other means as applicable.

The Agency Head Designee confirmed he approves annual reports.

The auditor observed the annual reports were published on the agency's website and approved by the New Jersey Department of Youth Services at:

<http://www.middlesexcountynj.gov/Government/Departments/PSH/Documents>

115.388 (d)

PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety, and security of a specific facility, but will indicate the nature of the material redacted.

The PREA Coordinator stated all identifying information is redacted from the report; auditor observed no personal identifiers were included in the annual report.

In compliance with PREA Standard §115.389, regarding publication of aggregated sexual abuse data, the New Jersey Department of Youth Services /Middlesex County Juvenile Detention Center reports no

incidents of Sexual Victimization on the 2015 U.S. Department of Justice Survey of Sexual Victimization. Middlesex County Juvenile Detention Center continues to educate all staff, youth, contractors, and volunteers on PREA and the importance of protecting youth in confinement facilities from sexual abuse.

115.388 (a-d)

The agency developed an annual report according to the standard requirements. The annual reports were published at: <http://www.middlesexcountynj.gov/Government/Departments/PSH/Documents>

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data review for corrective action. Corrective action has been completed

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Middlesex County Juvenile Detention Center PREA Policy, Procedure A: PREA, Sexual Misconduct, Sexual Harassment, General, pages (1-15)
2. Written Policy and Procedures
3. Annual PREA Report Published on Website Middlesex County Juvenile Detention Center PREA Policy
4. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses
5. Annual Reports published at:
<http://www.middlesexcountynj.gov/Government/Departments/PSH/Documents>

Interview:

1. Agency Head Designee (Agency PREA Coordinator)
2. PREA Compliance Manager

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.389 (a)

PAQ: The agency ensures that incident-based and aggregate data are securely retained.

The PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.

115.389 (b)

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

The auditor observed the annual reports were published on the agency's website and approved by the New Jersey Department of Youth Services at:

<http://www.middlesexcountynj.gov/Government/Departments/PSH/Documents>

115.389 (c)

PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety, and security of a specific facility, but will indicate the nature of the material redacted.

The auditor observed the annual reports were published on the agency's website. The auditor observed no personal identifiers at:

<http://www.middlesexcountynj.gov/Government/Departments/PSH/Documents>

115.389 (d)

PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise.

DJC and Middlesex County Juvenile Detention Center maintains sexual abuse data collected pursuant to PREA Standards §115.387 for at least ten (10) years after the date of its initial collection.

The auditor reviewed historical sexual abuse data.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data storage, publication, and destruction. Corrective action has been completed.

115.389 (b)

The annual reports were published at:

<http://www.middlesexcountynj.gov/Government/Departments/PSH/Documents>

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses
2. Interviews
3. Research
4. Policy Review
5. Document Review
6. Observations during onsite review of facility

During the three-year period starting on August 20, 2017, and the current audit cycle, New Jersey DJC ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Also, one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited.

The auditor was given access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility more than six weeks prior to the on-site audit. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Middlesex County Juvenile Detention Center Pre-Audit Questionnaire responses
2. Policy Review
3. Documentation Review
4. Interviews
5. Observations during onsite review of facility

All Middlesex County Juvenile Detention Center Audit Reports are available for review upon request; going forward will be published on Agency's website at:

<http://www.middlesexcountynj.gov/Government/Departments/PSH/Documents>

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings.

115.403 (f)

The 2017 Final Audit Report is available upon request.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Mable P. Wheeler

November 23, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.