

**PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES**

Date of report: 07/10/16

Auditor Information			
Auditor name: Candy Snyder			
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Email: Snyder@gwtc.net			
Telephone number: (605) 517-1747			
Date of facility visit: February 25 – 26, 2016			
Facility Information			
Facility Name: Essex County Juvenile Detention Center			
Facility physical address: 80 Duryea Street, Newark, New Jersey 07103			
Facility mailing address: <i>(If different from above)</i>			
Facility telephone number: (973) 497-4735			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Gina Saunders			
Number of staff assigned to the facility in the last 12 months: 157			
Designed facility capacity: 254			
Current population of facility: 94			
Facility security levels/inmate custody levels: Secure Facility			
Age range of the population: 12 to 18			
Name of PREA Compliance Manager: Linda Bass			
Email address: lbass@essexcountynj.org			
Agency Information			
Name of agency: Essex County			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 80 Duryea Street, Newark NJ 07103			
Mailing address: <i>(if different from above)</i>			
Telephone Number: (973) 621-4400			
Agency Chief Executive Officer			
Name: Joseph Divincenzo Jr.		Title: Essex County Executive	
Email: jdivincenzo@essexcountynj.org		Telephone number: (973) 621-4400	
Agency-Wide PREA Coordinator			
Name: George Fillie-Faboe		Title: PREA Coordinator	
Email address: gfilliefaboe@gmail.com		Telephone number: (973) 497-4735 ext. 2330	

AUDIT FINDINGS

NARRATIVE:

An audit of the Essex County Juvenile Detention Center (ECJDC) facility in Newark, NJ was conducted on February 25 and 26, 2016 by Candy Snyder, a certified PREA auditor, and assisted by Mark Snyder, an auditing assistant.

An entrance meeting began with facility staff to include Superintendent Gina Saunders, PREA Coordinator George Fillie-Faboe, PREA Compliance Manager Linda Bass, Internal Investigators Shiranda Morton and Anudrea Williams, and Program Manager Cynthia Alameda.

Following the entrance meeting Investigators Morton and Williams accompanied the audit team on the facility tour. The auditor then began interviewing specialized staff. Suitable and private accommodations were made for the auditor to conduct interviews. The auditor was not limited in any way from speaking with staff or youth or inspecting any area of the facility. The auditor interviewed staff from all shifts. Everyone throughout the facility was professional and courteous.

The auditor conducted a review of the application and hiring process with Human Resources staff Robin Howard and Investigator Morton who conducts all background investigations. The auditor reviewed randomly selected employee files for compliance with the standards. The auditor reviewed all investigative files.

The facility provided a copy of the staff schedule. The auditor randomly selected ten (10) staff and conducted interviews of staff covering all shifts, varying degrees of longevity, diverse job classifications and staff who worked within varying areas of the facility. The auditor asked specialized questions of those line staff that perform screenings, perform searches, which supervise youth in isolation, who are first responders, and staff who conduct the intake process.

The auditor completed interviews of ten (10) youth with varying lengths of stay and youth from all housing areas. There were no youth who identified as LGBTI, no youth with disabilities and no youth who were limited English proficient to be interviewed. The facility states that it does not use isolation for protective custody and this was confirmed through direct observation and through interviews.

An exit briefing was held with the Director Dennis Hughes, Superintendent Gina Saunders, PREA Coordinator George Fillie-Faboe, PREA Compliance Manager Linda Bass, Internal Investigators Shiranda Morton and Anudrea Williams, Program Manager Cynthia Alameda, Youth Advocate Ray Young and Pamela Muhammad. The auditor provided a preliminary finding of each standard with the caveat that this was subject to change as the auditor continued to review documents that were provided by the facility at the time of the on-site portion of the audit. The auditor thanked the facility staff for their hard work, their hard work yet to come, their commitment to follow the Prison Rape Elimination Act and most importantly, their dedication to and caring for the youth under their charge.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Essex County Juvenile Detention Center (ECJDC) facility is located in Newark, New Jersey. The facility is comprised of a five level building. The main floor consists of the central control, the intake area, administrative offices, a youth library/visit room the central lobby, medical and mental health offices, and social worker offices. The intake area is accessed by a secure sally port from a vehicle entry gate used by law enforcement officers. The intake area consists of one main holding cell, a single secure holding cell, two showers, a private interview room, an area for intake photos, a central lobby area with an intake desk and six wet cells. Youth are typically in this area only for processing into the building during the first day.

The lower level of the building consists of a dining hall, a kitchen, laundry facility, maintenance areas, a large high school consisting of multiple classrooms and an in-school suspension program, a gymnasium, and a swimming pool.

The second, third and fourth floors are all similarly laid out with a central control pod surrounded by four living units. The facility identifies their units as Units 1 through 12. Each living unit has sixteen (16) individual sleeping rooms. Each sleeping room is wet with a toilet/sink combination unit. A few rooms within each unit have double bunk beds with the sleeping room. However, the facility has not assigned two youth to a room in many years as the low population numbers allow for individual sleeping rooms. The sleeping rooms surround a central dayroom area. Each unit has two telephones that are used by the residents to make collect calls to family members or to access the toll free rape crisis lines, suicide hot lines are support services for LGBTI residents. Each unit also has three private shower stalls and two toilet areas. The common area toilet facilities are only accessed by one youth at a time. Throughout the tour of the facility the auditor noted the audit notice and PREA posters were located in every housing area.

Units 1 through 4 are on the 2nd floor where younger residents are housed. However, Unit 4 does not house residents as it has been converted into a recreation room for residents who obtain upper level status. Unit 2 typically houses male residents who are the youngest in the facility. On the second floor directly across from the control pod there is access to a very large secure, outdoor rooftop recreation area.

Units 5 through 8 are on the 3rd floor. Unit 6 is the Orientation Unit. Residents are housed within this unit immediately after intake processing until classification is complete and an appropriate housing placement can be determined. Unit 6 only has 15 sleeping rooms as one room has been converted into an office for the social workers to conduct private, new admittance screenings for residents. The Social Workers also go over facility rules and provide residents with a copy of the resident handbook. It is at this time that the new resident receives their more in-depth PREA training. The Youth Advocate visits with newly admitted youth while they are in the Orientation Unit to explain his role and the grievance process.

Units 9 through 12 are on the 4th floor. Units 9 through 11 are general population housing units for older, male residents. Unit 12 is the female housing unit. At the time of the audit there were only two female residents housed at the ECJDC.

SUMMARY OF AUDIT FINDINGS:

The facility has created a PREA workgroup consisting of the PREA Coordinator, the PREA Compliance Manager, the Superintendent, the Youth Advocate, the Director of Medical Services, the Psychologist and the Trainer. They meet weekly and have been working on implementation of PREA compliance measures for the Essex County Juvenile Detention Center. The facility has very thorough PREA policy that follows and uses similar language of the PREA Standards. Although there were a few standards not fully met, staff and youth were aware of PREA and staff are committed to youth safety. Most importantly when asked, youth stated that they felt safe at the Essex County Juvenile Detention Center.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

ECJDC has a very thorough PREA policy. They have a PREA Coordinator and a PREA Compliance Manager that work as a team on implementation of the policy. Both the PREA Coordinator and the PREA Compliance Manager have time to complete duties related to PREA compliance. The auditor recommends that both the PREA Coordinator and the PREA Compliance Manager complete the NIC training course for PREA Coordinators.

Standard 115.312 Contracting with other entities for confinement of residents

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

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NOT-APPLICABLE: The facility does not contract with other facilities for the confinement of residents.

Standard 115.313 Supervision and monitoring

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

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The ECJDC did not have a documented staffing plan or annual review at the time of the on-site portion of the audit. The annual review must outline the camera surveillance systems, staff coverage, adequacy of supervision and prevailing staffing patterns over the past year. In addition, the ECJDC does not have a log book in which they document deviations from the staffing pattern. They maintain a 1:8 staff to resident ratio during waking hours and a 1:16 staff to resident ratio during sleeping hours. This ratio is required by the New Jersey Juvenile Justice Commission. The facility has had no instances in which the youth were required to return to their rooms because of the staffing level. The facility PREA policy requires upper-level staff to conduct and document unannounced rounds by intermediate- and higher-level staff. The Superintendent states these rounds are completed. However, they are not documented.

CORRECTIVE ACTION: The auditor required the facility provide evidence of a formal staffing review and a formal staffing plan based on that review. The ECJDC staffing plan was completed and reviewed in March 2016 and the

staffing plan was formally implemented into a policy *Staffing and Development* Section 3.4 that was signed and became effective March 21, 2016.

In addition, the auditor required a process for documenting all exigent circumstances in which the facility may deviate from a PREA Standard such as deviations from the staffing plan, deviations from the cross-gender search policy, deviations from cross-gender viewing. The auditor required documented evidence of unannounced rounds that indicate that the practice includes periodic checks on night shifts as well as day shifts. This documentation was provided to the auditor on June 28, 2016.

Standard 115.315 Limits to cross gender viewing and searches

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

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The facility does not conduct strip searches, visual body cavity searches or pat searches by staff of the opposing gender. Staff are trained on how to conduct a cross-gender pat search if an emergency circumstance requires it. However, it was confirmed through interviews with both youth and staff that this is highly unlikely to ever occur. The auditor recommends strengthening staff training on cross-gender and transgender pat searches. Many staff were able to articulate how and when these searches are performed – and several staff were able to physically demonstrate. However, there were a few that were not.

The shower stalls are individual with a shower curtain that allows for the residents to shower without cross-gender staff viewing them naked. The common area toilets are private as facility procedure only allows one resident into the area at a time. Only female staff supervise the female unit. In male units there is typically one male officer and one female officer on duty in each unit. It is the facility’s procedure to only allow two male residents out of their room and each goes into a private shower stall (even though there are three private shower stalls available). During shower time female officers position themselves on the opposite end of the unit, away from the shower stall area so that inadvertent viewing by an askew shower curtain is not possible. The shower area is not on camera, but the remaining common area is under camera view to verify that female officers follow this procedure. Individual sleeping rooms do have a toilet. Female residents have a small privacy screen between the door and the toilet to allow privacy while toileting within the sleeping room and so they cannot be viewed inadvertently during routine cell checks. Again, only female officers are assigned supervision duties of the female unit. In the male unit both officers and youth state that female officers announce when they are conducting room checks to allow male residents the opportunity to cover up if toileting within their rooms. The auditor recommends that the privacy screen that has been added for female residents’ rooms be added for male residents as well. Both staff and youth stated viewing by female staff is not an issue and youth have plenty of privacy.

Staff were aware of the responsibility of determining genital status of a transgender or intersex resident solely through professional conversation or through part of a broader medical examination by a medical practitioner. The resident’s own views with regard to housing would be taken into consideration.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard.

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This standard requires that the facility administrator think ahead of how to effectively handle situations involving a youth who is limited English proficient or may have disabilities so that they may fully participate in protection efforts. They have identified staff members who are bilingual in both English and Spanish to assist. The facility does not use residents to interpret for other residents. The intake PREA information, the resident handbook and the PREA posters were all in Spanish format. However, all there must be provisions for all languages.

CORRECTIVE ACTION: The auditor required the ECJDC provide evidence of the translator services the facility sets up to provide translation services in languages other than Spanish. On June 28, the facility provided verification for translator services with Language Line Services, Inc.

Standard 115.317 Hiring and promotion decisions

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

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The facility has performed background checks at the time of employment of new hires. They are currently re-running all background checks again to meet the every five years standard. There new process will be performing background checks upon promotion as well. The ECJDC has not been performing Child Abuse Record Information (CARI) checks at the time of employment, but has recently initiated this process. In addition, they recently added the three PREA standard related questions during the employment process and require new hires to affirm that they have a continuing duty to report.

CORRECTIVE ACTION: The auditor required that the ECJDC provide a list of employees with the date of their updated background check and their CARI check for all existing employees and contractors that were hired after August 20, 2013. This information was provided to the auditor on June 28, 2016.

Standard 115.318 Upgrades to facilities and technology

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

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The facility is well designed and facility staff have reviewed the facility to alleviate any blind spots by adding additional camera coverage. There are well over 100 cameras within the facility and these cameras are in all key areas. The investigators and the superintendent are able to review cameras within their offices for additional supervision of both staff and youth. Video retention is up to 90 days which enhances investigation efforts.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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The facility's medical needs are provided by contract medical staff through Corizon. There are 24-hour medical services and the facility's medical and mental health staff are so fully integrated into the facility culture that it is difficult to distinguish that they are a contract provider versus an employee. Any youth sexually victimized would immediately be brought to the medical department to first address any immediate medical needs and then to address any crisis intervention need by mental health staff. The medical and mental health staff have been trained in the facility PREA Orientation course and are familiar with initial response measures and how to properly protect evidence until the youth receives a forensic exam off-site.

Criminal investigations are conducted through a coordinated effort by the Essex County Prosecutor's Office Sexual Assault Response Team (SART). These investigators have been specifically trained to appropriately investigate sexual assaults using proper evidence protocol. Investigations are initiated by the ECJDC Internal Affairs Investigators. The facility investigators have participated in the National Institute of Corrections on-line investigation course "Investigating Sexual Abuse in a Confinement Setting" and are aware of the appropriate ways in which to protect evidence so that it can be properly handled by the SART team.

An advocate would be arranged through the Essex County Prosecutors office SART team. This advocate will accompany youth to the hospital and provide emotional support and assistance throughout the forensic exam and investigatory process. The youth would be transported to Rutgers's University Hospital where a SANE nurse requested through the Essex County Prosecutor's Office SART team would be available to properly conduct the forensic examination.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

Every allegation of sexual abuse and sexual harassment is reported to the Internal Affairs Investigators. They in turn initiate notification to the Superintendent, to the Division of Child Protection and Permanency (DCP&P) and the Essex County Police Department if it is a criminal act. There is a written policy that states all allegations of sexual abuse or sexual harassment are referred for investigation. The ECJDC PREA policy includes the investigative policy and this is published on the ECJDC website.

Standard 115.331 Employee training

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

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

ECJDC provides PREA training to all staff. The facility provided documented record and a receipt and acknowledgment sheet that the employee signs stating they have read the PREA policy, they have received training on the specific points outlined in the standard and they understand the policy and the training. Staff consistently stated throughout the interviews that they are familiar with how to report incidents of sexual abuse and harassment, that they understand the indications that a resident may be experiencing sexual harassment or sexual abuse and that they do not treat LGBTI residents any differently than other residents. Also, many staff were able to state that the age of consent in New Jersey was 16 years of age. All staff were able to identify that it is criminal sexual assault if they were in a supervisory or disciplinary position over the youth such as a staff, contractor, or volunteer at the juvenile detention center and that they are mandatory reporters of sexual abuse. The training outlines, the interview with the trainer, and the interviews with the staff all indicate that the facility has an exceptional training program. The auditor does suggest that training be strengthened in the areas of proper evidence protection measures, the use of an interpretive service for residents who are not English proficient and the coordinated efforts completed by the Essex County Prosecutor’s office SART to include investigation, advocacy service and a SANE forensic exam at Rutgers University Hospital.

Standard 115.332 Volunteer and contractor training

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

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ECJDC provides PREA training to volunteers and contractors at a level that is dependent upon their level of contact with the youth. Volunteers and mentors perform their services with a custody staff present at all times. Services such as education, food service and maintenance are provided by county employees and are not contractual staff.

Standard 115. 333 Resident education

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

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The facility provides residents initial information on the ECJDC zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment immediately upon intake. This was evident through the interviews with youth. They stated that they received some basic information immediately (during intake). The more in-depth training is provided by social workers once the resident is transferred to the Orientation Unit. At this time the resident is also provided a resident handbook, which they can keep for referral throughout their stay. There are posters located throughout the facility for later reference. In addition, through the school residents participated in a poster creation project with PREA subject matter.

Standard 115.334 Specialized training: Investigations

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

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The ECJDC Internal Affairs Investigators do not conduct criminal sexual abuse investigations. Allegations that are criminal are turned over to the Essex County Police Department. In addition, all abuse allegations are turned over to the Department of Children & Families Institutional Abuse Investigation Unit to conduct sexual abuse investigations. Investigators from these units have received specialized training in conducting such investigations in confinement settings. Both Internal Affairs Investigators have participated in the National Institute of Corrections on-line investigation course "Investigating Sexual Abuse in a Confinement Setting".

Standard 115.335 Specialized training: Medical and mental health care

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

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Through an interview Director of Medical services and the facility psychologist, it is apparent they are knowledgeable in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. No forensic examinations are conducted on site. All youth who report a sexual assault will be transported to the local hospital with SANE services. The nursing staff and the psychologist verbally disclose to youth the limitations of confidentiality and their duty to report at the initiation of services. The auditor recommends that this be posted conspicuously in the medical office.

CORRECTIVE ACTION: The auditor required that all health services and mental health staff participate in the National Institute of Corrections (NIC) on-line course "Medical Health Care for Sexual Assault Victims in a Confinement Setting" in addition to the basic PREA training provided to all staff. Training certificates were provided to the auditor on June 28, 2016.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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ECJDC screens all youth upon intake using an objective screening tool that uses the identifiable criteria addressed within the standards. The Admissions Receiving Officer administers the screening for all incoming youth. The screening documents are secured within the social worker's office. If a youth, through the screening process, is determined to be susceptible to victimization or perpetration of sexual abuse, this is shared with staff only to the extent necessary to provide for the well being of youth.

Standard 115.342 Use of screening information

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

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ECJDC makes placement decisions based on all information obtained to make housing, bed, program, and education assignments for residents with the goal of keeping all residents safe and free from sexual abuse. The facility takes into account the concerns of a transgendered or intersex resident's own views with respect to his or her own safety. Those views are given serious consideration and this was demonstrated through the interviews of staff. All youth shower separately at the facility. The facility does not place lesbian, gay, bisexual, transgender, or intersex residents 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 facility indicates through interviews that they will consider on a case-by-case basis assignment to a living unit that will ensure the resident's health and safety, and whether the placement would present management or security problems. Facility procedure is to manage a resident's room placement rather than using isolation as a means for protecting the resident's safety.

Standard 115.351 Resident reporting

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

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ECJDC provides multiple ways for residents to privately report sexual abuse and sexual harassment, or retaliation. They can report to any staff member whether verbally or in writing. Youth have two phones on their unit and are allowed to make as many collect calls as they want. These phones also allow free calls made to a local rape crisis center, which in turn reports to DCP&P, a suicide prevention hotline and an advocacy group for LGBTI youth. In addition, they are allowed one free call each week through their social worker. The youth may write a grievance and there are pencils and grievance forms in the housing unit. In addition, the youth may request an envelope so that the grievance can remain private and anonymous. Youth can request through the social worker a call to parents or guardian for special circumstances, their DCP&P caseworker if one is assigned and their lawyer. They can speak with the nurse or social worker privately at any time by simply making the request.

Youth reported feeling very comfortable reporting directly to their staff or another person within the facility. They reported there is a grievance process available. The staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports.

Standard 115.352 Exhaustion of administrative remedies

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

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Residents may submit a grievance alleging sexual abuse or harassment without submitting it to a staff member that is subject of the allegation. All grievances are processed by the Youth Advocate. The Youth Advocate either works to remedy the grievance or in instances of abuse or allegations of a serious nature turns the grievance over to the Superintendent and DCP&P and the Internal Affairs investigators. There are boxes for grievances on each floor and the youth advocate checks them daily. On the weekends these boxes are checked by the Captain on duty. The youth does not have to complete any other prior steps in order to submit a grievance for an allegation of sexual abuse. There is also no time limit on when a youth can submit a grievance regarding an allegation of sexual abuse. An emergency grievance must be reviewed immediately. Youth may have assistance in completing a grievance from another juvenile, a staff member, or a volunteer. Staff and youth interviews confirmed their knowledge of how the grievance process can be used to report sexual abuse and sexual harassment.

Standard 115.353 Resident access to outside confidential support services.

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

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

The facility has advocacy services available to youth in the event of a sexual assault through the Essex County Prosecutor's Office. In addition, they have contact information for a local rape crisis center a suicide prevention hotline and an advocacy group for LGBTI youth. ECJDC provides youth with reasonable and confidential access to their attorneys and parents. In addition, all youth interviewed reported that they had contact with their families regularly. If the youth is involved with the Department of Children and Families, they may already be assigned a Care Management worker who assists them in accessing services through Care Management Organizations (CMO's) that provide a range of treatment and support services to children.

Standard 115.354 Third-party reporting

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

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

The ECJDC posts on their website how to report sexual abuse and sexual harassment on behalf of a resident. In addition there are posters in the visit areas for all the numbers for contacting on behalf of resident. The auditor verified this information at <http://essexcountynj.org/wp-content/uploads/2015/04/PREA-2016.pdf>

Standard 115.361 Staff and agency reporting duties

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

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

ECJDC requires all staff to report immediately 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. Apart from reporting to designated supervisors or officials and designated State agency, 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. Medical and mental health practitioners are required to report sexual abuse to designated supervisors and officials as well as to the designated State service agencies.

The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the designated investigators. Upon receiving any allegation of sexual abuse, ECJDC staff promptly report the allegation to the DCP&P, the Essex County Police Department, and to parents or legal guardian.

Standard 115.362 Agency protection duties

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

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

Through interviews with the administration and random staff there is evidence to support that the facility requires all staff to take immediate action to protect the resident from imminent sexual abuse. There have been no instances that a resident was subject to risk of imminent sexual abuse.

Standard 115.363 Reporting to other confinement facilities

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

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

Through interviews with administrators there are procedures in place to appropriately act upon an allegation of sexual abuse reported by a resident while at another facility. This notification will be made from Superintendent to Superintendent, the action will be initiated no later than 72 hours and the action will be documented. There has been no incidents that occurred reported by another facility nor that were reported to have occurred at another facility.

Standard 115.364 Staff first responder duties

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

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

ECJDC staff were aware of first responder procedures and were aware of the elements of this standard. They were strong in regard to separating the alleged victim and abuser.

Standard 115.365 Coordinated responses

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

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

ECJDC has a coordinated response plan that is already in place through the Essex County Prosecutor's Office. Upon contact with the Essex County Police Department the SART team is notified and special sexual assault investigators, a victim advocate and a SANE nurse respond. Facility medical staff and mental health staff address the immediate needs of the youth until the youth is transported to the Rutgers University Hospital. The facility investigators are well trained in the necessary measures needed to protect any evidence of a sexual assault. The facilities coordinated response plan is be outlined in policy.

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

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

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

There are no barriers preventing the Superintendent from removing alleged staff, volunteer, or contractor sexual abusers from contact with residents pending the outcome of the investigation and a determination of discipline.

The facility staff are represented by a union. There is nothing within the collective bargaining agreement that precludes ECJDC administration from removing an employee from contact with youth while an incident is under

investigation or terminating employment after a substantiated allegation against the employee for sexual abuse.

Standard 115.367 Agency protection against retaliation

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

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

The PREA policy states that all residents must be protected from retaliation. The Youth Advocate and the Captains are assigned the responsibility of following up periodically with youth or staff who may report sexual abuse or sexual harassment to ensure that they are not retaliated against. There is not a formal process for when these checks must be completed. There is no documentation of periodic status checks to show monitoring for retaliation.

Corrective Action: Upon each reported sexual assault or sexual harassment incident, the monitor must follow up with the youth and/or staff members involved. The standard requires periodic status checks for up to 90 days. The auditor recommends that a logbook be kept of each time contact is made with a resident or staff to follow-up that there has been no retaliation. On June 28, 2016 the ECJDC provided a well laid out process for documenting follow-up for retaliation with a log book that is maintained in the PREA Coordinator's office.

Standard 115.368 Post-allegation protective custody

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

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

Not Applicable: The facility does not use protective custody as a means to keep residents safe from sexual abuse or sexual harassment.

Standard 115.371 Criminal and administrative agency investigations

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

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

The auditor reviewed agency investigative files. The facility had three administrative investigations that were properly reported and investigated. The investigators follow all standards in the course of their investigation and have received specialized training. Administrative investigations include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports, which will include physical/testimonial evidence, credibility

reasoning assessments and investigative facts and findings. All written reports will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The auditor recommends that the investigators more clearly state on the report the outcome of the investigation – unfounded, unsubstantiated or substantiated.

Standard 115.372 Evidentiary standards for administrative investigations

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

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

The investigators will use no standard higher than a preponderance of evidence in making a determination of alleged sexual abuse/harassment this was confirmed through the interview process.

Standard 115.373 Reporting to residents

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

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

At the time of the previously investigated cases the investigators reported back verbally the outcome to the residents and therefore had no documentation. However, now they have developed forms specific to the type of outcome and have procedures in place to communicate and document the outcome to the resident. The auditor was provided these documentation forms.

Standard 115.376 Disciplinary sanctions for staff

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

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

All staff members who violate sexual abuse, sexual harassment and retaliation policies are subject to disciplinary sanctions. Interviews conducted with ECJDC administrators verified that there had been no substantiated allegations at the facility over the past reporting period. Interviews confirmed that this standard would be followed should disciplinary measures be required including a report to law enforcement and relevant licensing authorities should termination and/or resignation of staff occur.

Standard 115.377 Corrective actions for contractors and volunteers

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

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

Any contractor or volunteer who violates sexual abuse, sexual harassment and retaliation policies are subject to disciplinary sanctions including termination of service. There have been no contractors or volunteers who have been accused of sexual misconduct.

Standard 115.378 Disciplinary sanctions for residents

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

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

For incidents of youth-on-youth sexual abuse, sexual harassment or retaliation, administrative sanctions will be handed out following the formal disciplinary processes and applied commensurate with the level of infraction. For criminal allegations following a criminal finding of guilt for resident-on-resident sexual abuse disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed. A youth's access to general programming or education is not conditional on receiving interventions designed to address/correct underlying reasons or motivations for abuse. Discipline of a resident for sexual contact with staff occurs only upon a finding that the staff member did not consent to such contact.

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

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

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

The medical and mental health staff conduct a screening interview youth within 24-hours of arrival. They report any previously unreported sexual abuse to DCP&P. When DCP&P is involved with the youth, as a matter of course DCP&P may assign a Care Management Organization to the youth who can then evaluate and provide professional counseling services and therapy. The facility verbally obtains informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting for residents over 18 years of age. Both the social worker and on-site nursing evaluate and make referrals to the facility physician or mental health practitioner for follow-up care as necessary.

Standard 115.382 Access to emergency medical and mental health services

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

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

The facility provides access to emergency medical and mental health services. The facility has 24-hour nursing services available. However, in the event services are not available by the facility nurse, or where indicated in the professional judgment of the nurse, residents would be taken to the Rutgers University Hospital. These services have not been used during the audit review period.

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

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

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

The facility require that medical and mental health evaluations and treatment are offered at no cost to sexual abuse victims and abusers. The director of medical services, social workers, and psychologist will work together to develop an on-going treatment plan and refer to external support services as necessary. In many instances services are accessed through the Department of Children and Families, Care Management Organizations (CMO's) that provide a range of treatment and support services to children. Once a Care Management worker is assigned, those services would follow a resident that is transferred or discharged. If a youth will be taken to the local hospital, tests for sexually transmitted infections will be offered there.

Standard 115.386 Sexual abuse incident reviews

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

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

There have been no substantiated cases of sexual abuse to review. However, the facility had no formal review process outlined. The Administrators state they will incorporate the review process into their periodic PREA work group meetings. All documented reviews will be forward to the PREA Coordinator.

CORRECTIVE ACTION: The auditor required facility the specific form developed to document the incident reviews to ensure the recommended questions from the standard are answered in each incident review. The auditor recommended that a designated time each month be set to ensure that the review occurs within 30 days of the conclusion of the investigation. On June 28, 2016 the facility provided the form developed for documenting incident

reviews, and their monthly calendars for scheduled reviews following their monthly meeting. However, there were no incidents to review.

Standard 115.387 Data collection

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

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

The facility has collected incident-based and aggregate data each year of any sexual harassment or sexual abuse incidents. These annual incident reports of data are forward to facility administrators by the facility Internal Affairs investigators. The auditor reviewed incident files from 2013, 2014 and 2015. There were no cases so far for 2016.

Standard 115.388 Data review for corrective action

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

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

Although the data is prepared and forwarded to administrators, the facility had not held an annual review of data or prepared an annual report. This review should be attended by all upper level managers and should report findings and corrective actions as well as the progress made through the previous year in addressing sexual abuse and sexual harassment.

Corrective Action: The auditor required the facility to prepare an annual report assessing the facility's progress in addressing sexual abuse and post this annual report on the agency's website. As required by the standard, senior level managers are required to review all incidents for corrective action measures. The auditor verified that the a review had been completed and posted on the facility's website at <http://essexcountynj.org/wp-content/uploads/2015/04/PREA-2016.pdf>

Standard 115.389 Data storage, publication and destruction

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

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

The facility had not completed and posted data to their website. Data collected is retained via limited access and through a secure server for at least ten (10) years.

CORRECTIVE ACTION: The auditor required the facility post PREA related data on the detention facility's website. On June 28, 2016 the auditor verified that the data is posted at <http://essexcountynj.org/wp-content/uploads/2015/04/PREA-2016.pdf>

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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Signature

July 10, 2016

Date