

**PREA AUDIT REPORT    INTERIM    FINAL  
JUVENILE FACILITIES**

**Date of report: 08/31/2016**

<b>Auditor Information</b>			
<b>Auditor name:</b> Candy Snyder			
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<b>Email:</b> Snyder@gwtc.net			
<b>Telephone number:</b> (605) 517-1747			
<b>Date of facility visit:</b> February 23 – 24, 2016			
<b>Facility Information</b>			
<b>Facility Name:</b> Bergen County Juvenile Detention Center			
<b>Facility physical address:</b> 200 North Street, Teterboro NJ 07608			
<b>Facility mailing address:</b> <i>(If different from above)</i>			
<b>Facility telephone number:</b> (201) 333-3900			
<b>The facility is:</b>	<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		
<b>Facility Type:</b>	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Jorge Sandoval			
<b>Number of staff assigned to the facility in the last 12 months:</b> 40			
<b>Designed facility capacity:</b> 29			
<b>Current population of facility:</b> 12			
<b>Facility security levels/inmate custody levels:</b> Direct Supervision			
<b>Age range of the population:</b> 12 to 21			
<b>Name of PREA Compliance Manager:</b> Alfredo Vangas			
<b>Email address:</b> avangas@co.bergen.nj.us			
<b>Agency Information</b>			
<b>Name of agency:</b> Bergen County Dept. of Human Services Division of Family Guidance			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 200 North Street, Teterboro NJ 07608			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone Number:</b>			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Dr. Nicholas Montello		<b>Title:</b> Director	
<b>Email:</b> nmontello@co.bergen.nj.us		<b>Telephone number:</b> (201) 336-6911	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Chief Robert Payne		<b>Title:</b> PREA Coordinator	
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## AUDIT FINDINGS

### NARRATIVE:

An audit of the Bergen County Juvenile Detention Center (BCJDC) facility in Teterboro, NJ was conducted on February 23 and 24, 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 Jorge Sandoval, PREA Coordinator Chief Payne, and PREA Compliance Manager Sergeant Vangas.

Following the entrance meeting the Superintendent, Chief Payne and Sergeant Vangas 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 the Superintendent. The auditor reviewed randomly selected employee files for compliance with the standards. The auditor reviewed investigative files for compliance with investigative standards. However, there were no sexual harassment or sexual assault cases to review.

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 searches, who are first responders, and staff who conduct the intake process.

The auditor completed interviews with all youth at the facility except one youth who did not wish to participate. 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 Dr. Montello, Superintendent Jorge Sandoval, PREA Coordinator Chief Payne, and PREA Compliance Manager Sergeant Vangas. 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:**

Bergen County Juvenile Detention Center (BCJDC) facility is located in Teterboro, New Jersey. The facility is a very modern building recently constructed in 2013. It is a single level building consisting of the central lobby, a central control, an administrative area, an intake area, gym, medical and mental health offices, social worker offices, classrooms, dining room, kitchen, maintenance areas and the youth housing area.

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 two holding cells and two interview areas, a search area to include a shower and toilet. Youth are typically in this area only for processing into the facility during the first day and during processing out of the facility.

The housing area consists of three units with identical floor plans with the exception of a few changes to Unit C to meet the American with Disabilities Act (ADA). The housing units are side by side and directly in front of them are two very large, open area dayrooms. The facility identifies their units as Units A through C. Each living unit has eight (8) individual sleeping rooms. Units A & B have two (2) sleeping rooms each with double occupancy rooms. Unit C has one (1) sleeping room with double occupancy. However, the facility does not assign two youth as the low population numbers allow for individual sleeping rooms. Within the unit, the sleeping rooms surround a small dayroom area. The unit can be separated so that there are two sleeping rooms that can be divided into their own smaller dayroom area in the event a youth is non-compliant or having behavioral issues which disrupts the remaining residents. There are two individual restrooms and two individual showers in each unit. Residents are given privacy to shower, toilet and change their clothing. Currently, due to the low population numbers, only Unit A (male residents) and Unit B (female residents) are in use.

Throughout the tour of the facility the auditor noted that the audit notice and PREA posters were located in every housing area.

**SUMMARY OF AUDIT FINDINGS:**

The facility has been working diligently on PREA Compliance efforts. The PREA Coordinator has visited the Camden Juvenile Detention Center and the Camden JDC PREA Coordinator has been on-site a couple of times to provide training to the staff at BCJDC and to offer guidance toward their compliance efforts. The facility has a very thorough PREA policy. However, the policy was in draft form at the time of the on-site audit. Although there were many standards not fully met initially, 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 Bergen County Juvenile Detention Center.

Number of standards exceeded:	0
Number of standards met:	39
Number of standards not met:	00
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.**

At the time of the on-site portion of the audit the BCJDC had a very thorough PREA policy that was in draft form. They chose to wait for implementation in order to get guidance from the audit process to ensure the policy was in line with their PREA compliance efforts. They have a PREA Coordinator and a PREA Compliance Manager that work as a team on implementation of PREA compliance. Both the PREA Coordinator and the PREA Compliance Manager have time to complete duties related to PREA compliance. The auditor recommended that both the PREA Coordinator and the PREA Compliance Manager complete the NIC training course for PREA Coordinators.

The auditor required as a corrective action that the draft PREA policy be enacted and the effective date provided to the auditor. The BCJDC provided the revised PREA policy I.B.10. with an August 20, 2016 effective date. The auditor recommended that the PREA Coordinator complete the NIC training course for PREA Coordinators. Both the PREA Coordinator and PREA Compliance Manager completed the recommended course in July and provided the auditor with their NIC certificates.

### **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 BCJDC did not have a documented staffing plan or annual review. 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 BCJDC did not have a method in which to record 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. Any staff shortages are handled through overtime and posts never go unfilled. The facility draft PREA policy requires upper-level staff to conduct and document unannounced rounds by intermediate- and higher-level staff. At the time of the on-site portion of the audit they were not conducting these rounds.

As corrective actions the auditor required the facility provide evidence of a formal staffing review and a documented staffing plan based on that review. 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, and deviations from cross-gender viewing. The auditor required documented evidence of unannounced rounds by upper level managers that indicate that the practice includes periodic checks on night shifts as well as day shifts. The BCJDC provided the auditor documented evidence of all required corrective actions.

#### **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 shower stalls are individual with a door that allows for the residents to shower without cross-gender staff viewing them unclothed. In addition, the facility has a policy that during shower times, only male staff are allowed in male resident units and only female staff are allowed in female resident units. The common area toilets are private, single toilet restrooms with a door. Typically, only female staff supervise the female unit.

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. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

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 licensed clinical social worker has access to a list of translators for any language and has used this service. However, the remaining staff within the facility were unaware of the service.

The auditor required as a corrective action that the BCJDC provide the auditor the translator services the facility sets up to provide translation services in other languages (not solely Spanish) and that all staff are aware of this resource. On July 20, 2016 the Superintendent issued a Memorandum to all staff identifying the Language Bank information located in binders in Central Control and Intake Areas as well as posted on a network drive under "Language Bank" that is accessible by all staff members.

#### **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. The facility opened in 2013 and intends to re-run all background checks again in 2018 to meet the every five years requirement. Their new process will be performing background checks upon promotion as well. The BCJDC had not been performing Child Abuse Record Information (CARI) checks at the time of employment, but has recently initiated this process. They have developed a form to ask the three questions required of this standard. The questions would be asked during the employment process and require any prospective employee to acknowledge that if hired, they they have a continuing duty to report. At the time of the on-site portion of the audit this form was being reviewed for approval by the Bergen County Counsel.

The auditor required as a corrective action that the BCJDC provide the auditor with a list of employees with the date of their updated background check, a list of current employees and their CARI checks. In addition, the auditor required they provide an updated application or a form used to document that they have asked new hires the three required questions within this standard and the continuing duty to report throughout employment. All verification of required corrective actions were provided to the auditor as requested.

#### **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 administrators have conducted a review to ensure there are no blinds spots. Any potential blind spots were alleviated by adding additional camera coverage. The cameras are in all key areas. The Superintendent and the Division Administrators have access to the cameras from 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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Criminal sexual assault investigations are conducted through a coordinated effort by the Bergen 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 BCJDC internal investigator. An advocate will be arranged through the Bergen 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 will be transported to Hackensack University Hospital where a SANE nurse requested through the Bergen County Prosecutor's Office SART team will 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 facility investigator. The investigator in turn initiates notification to the Superintendent, to the Division of Child Protection and Permanency (DCP&P) and the Bergen County Sheriff's Department if it is a criminal act. At the time of the on-site portion of the audit there was a draft policy which states all allegations of sexual abuse or sexual harassment are referred for investigation. The BCJDC draft PREA policy includes the investigative policy. At the time of the on-site portion of the audit the investigative policy was not published on a website.

As a corrective action the auditor required the draft PREA policy that includes the investigative policy be enacted with an effective date. The BCJDC provided the revised PREA policy I.B.10. with an August 20, 2016 effective date. In addition, the auditor required that either all of the PREA policy or at least the investigative portion (Section P) of the policy is published on the BCJDC website. However, the detention center does not specifically have a link on the Bergen County website. The county has been provided the data to load and is updating their website to provide a link for the detention center information. It will be ready in mid-September. In the meantime, the BCJDC has publically posted their PREA Policy in the entrance lobby at the check-in desk.



### 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.**

BCJDC provides PREA training to all staff. The facility provided training rosters. However, there was not a documented record 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 provided to staff is a good start, but the auditor recommended that it be strengthened to include the complete process to include what takes place outside of the facility in the event of a sexual assault. Some staff were not able to state what evidence is to be protected, that a forensic exam is to be conducted at the hospital by a SANE, that the Chief conducts administrative investigations and the Bergen County Sheriff's Department conducts criminal investigations.

The auditor required a corrective action that the BCJDC provide documentation signed by each employee that they have received and understand the required training. The BCJDC provided an updated training form and updated training after enacting the revised PREA Policy. The required documentation was provided to the auditor.

### 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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BCJDC 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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### **specific corrective actions taken by the facility.**

The facility provides residents initial information on the BCJDC 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. The more in-depth training is provided by social workers and through a video that is shown to all residents. The social worker also provides a resident handbook, which they can keep for referral throughout their stay. There are posters located throughout the facility for later reference.

Although the residents were able to acknowledge what they learned during the interviews, the standard requires that the initial and follow-up, more in-depth training within 10 days be documented. The auditor required as a corrective action signature sheets signed by each resident verifying that they have received both the initial intake training and the follow-up more in-depth training. The BCJDC updated their resident training program to include an initial admission checklist in which the detention officer explains the rules to include the zero tolerance policy against sexual harassment and sexual assault, issues a handbooks and explains how to report sexual assault. Within 10 days the youth receives more thorough training from the social work and watches a video. This more comprehensive training is now documented. All documentation was provided to the auditor.

### **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 BCJDC investigator does not conduct criminal sexual abuse investigations. Allegations that are criminal are turned over to the Bergen County Sheriff's 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. At the time of the on-site portion of the audit the facility investigator had not received any specialized training.

The auditor required as a corrective action that the facility investigator complete specialized training. The auditor recommended the National Institute of Corrections on-line investigation course "Investigating Sexual Abuse in a Confinement Setting". Both the PREA Coordinator and the PREA Compliance Manager completed the recommended course in July and provided NIC certificates to the auditor.

### **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 with the Advanced Practice Nurse (APN) and the licensed clinical social worker, 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 nurse and the social worker 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.

As a corrective action the auditor required that all health services and mental health staff receive specialized training as outlined in the standard. The auditor recommended they participate in the National Institute of Corrections (NIC) on-line course “*Medical Health Care for Sexual Assault Victims in a Confinement Setting*” or “*Behavioral Health Care for Sexual Assault Victims in a Confinement Setting*” as applicable, in addition to the basic PREA training provided to all staff. The licensed clinical social worker completed the recommended training in April and the APN completed the required training in July. Both NIC certificates were provided to the auditor.

#### **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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At the time of the on-site portion of the audit the BCJDC was not screening youth upon intake. As a corrective action the auditor required that the BCJDC identify an objective screening instrument and begin screening all youth and provide the screening instruments of all residents. The BCJDC provided the required screening to the auditor.

#### **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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BCJDC 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.

The auditor required as a corrective action that the screenings are complete for all youth in order to assist in proper housing decisions. The BCJDC completed the requested screenings.

### 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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BCJDC 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 were aware of how to report via a grievance, but many youth were not aware that they could report anonymously through the grievance process. Residents stated the phone number to phone DCP&P are provided on the posters and that they can call them as well. Youth are allowed at a minimum of two calls each week and 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. The Administrator has emphasized to all staff that requests for calls to DCP&P or Healing Space are to be unvetted and immediately provided to the youth. The social worker stated that if they ask to call DCP&P she dials the call and leaves the room. The same procedure will be followed if a request is made to call Healing Space. Youth reported feeling very comfortable reporting directly to their staff or another person within the facility. 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)

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

Residents may 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 Chief. The Chief 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 Bergen County Sheriff's Department. 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 Bergen County Prosecutor's Office. In addition, they have contact information for the DCP&P hotline number. BCJDC 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. In addition, the PREA Coordinator began discussion with the Bergen County YWCA who also provides rape crisis counseling. The YWCA staff are interested in coming into the facility and delivering training to both staff and youth. The YWCA has a program called Healing Space, a Sexual Violence Resource Center for survivors of sexual assault. They also have a 24/7 crisis intervention hotline, which provides free and confidential assistance, and trained advocates, which provide counseling and medical and legal accompaniments to survivors.

The auditor required the BCJDC to complete negotiations with the YWCA Healing Space to obtain an MOU. The Healing Space agreed to provide services, but would not complete an MOU. However, they outlined all services in writing to the BCJDC.

### **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.**

At the time of the on-site portion of the audit the BCJDC did not provide reporting and contact information to third parties. The auditor recommends posting on the website all three options of notifying the DCP&P, the Bergen County Sheriff's Department and the BCJDC Administration. The auditor also recommends that this information be posted in a parent handbook and on Posters within the visit area.

As a corrective action the auditor required the BCJDC provide third party reporting information publicly. However, the detention center does not specifically have a link on the Bergen County website. The county has been provided the data to load and is updating their website to provide a link for the detention center information. It will be ready in mid-September. In the meantime, the BCJDC has publically posted how third parties can report on behalf of a website in the entrance lobby at the check-in desk.

### 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.**

BCJDC 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 the 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, BCJDC staff promptly report the allegation to the DCP&P, the Bergen County Sheriff's 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 have been

no incidents reported by another facility that occurred at BCJDC nor have there been any incidents reported at BCJDC that 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.**

BCJDC staff were aware of first responder procedures and were aware of the elements of this standard. They all have prepared laminated pocket cards that all staff keep in their pocket that outlines the first response procedures and has the DCP&P phone number for reporting abuse.

#### **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.**

BCJDC has a coordinated response plan that is already in place through the Bergen County Prosecutor's Office. Upon contact with the Bergen County Sheriff's 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 Hackensack University Medical Center. The facility investigator is trained in the necessary measures needed to protect any evidence of a sexual assault. The facilities coordinated response plan is in the policy. In addition, the youth can request the services of an advocate from the Healing Center.

#### **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 BCJDC 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 Chief is 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 was no formal process outlined for when these checks must be completed and how to document them.

The auditor required as a corrective action that a record be kept of each time contact is made with a resident or staff to follow-up that there has been no retaliation. The auditor also required retaliation monitoring procedures be included in the PREA policy. The BCJDC developed a form to document retaliation monitoring and outlined their procedures in Section R of their revised PREA policy I.B.10. with an August 20, 2016 effective date.

### 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 on general investigations. There were no sexual assault or sexual harassment cases to review. The administrative investigations unrelated to sexual abuse or harassment were properly reported and investigated. The administrative investigator did not have specialized investigative training. Administrative investigations include efforts to determine whether staff actions/failures contributed to the incident, the investigation is documented through written reports. All written reports will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Criminal investigations are handled by the Bergen County Prosecutor's Office by trained sexual assault investigators.



The auditor required as a corrective action that the facility investigator complete specialized training. The auditor recommended the National Institute of Corrections on-line investigation course "Investigating Sexual Abuse in a Confinement Setting". Both the PREA Coordinator and the PREA Compliance Manager completed the recommended course in July and provided NIC certificates to the auditor.

#### **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 and in policy.

#### **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.**

The facility must notify the resident as to whether the allegation was substantiated, unsubstantiated or unfounded. The facility has no method for reporting and documenting the outcome of an investigation to residents.

The auditor required as a corrective action the facility provide the auditor the form used to document notice to residents the outcome of an investigation. The BCJDC provided the requested resident notification form.

#### **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 BCJDC administrators verified that there have 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 is subject to disciplinary sanctions including termination of service. There have been no contractors or volunteers who have been accused of sexual misconduct. Most day-to-day services are provided by employees of the facility versus contracted staff. Volunteers who provide services within the facility do so under the supervision of custody staff.

### **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 with youth within 24-hours of arrival. During the interview both the nurse and the social worker stated that 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 the nurse evaluate and make referrals to the facility physician or mental health practitioner for follow-up care as necessary.

However, in reviewing the screening tool used by the social worker there were no questions specifically about a residents sexual abuse history and the facility was not conducting a screening.

As a corrective action the auditor required the screening be implemented so that if a previous sexual abuse or sexual perpetration is disclosed services can be offered to the youth. The BCJDC adjusted their procedure after the screening was implemented. Following the screening the form is submitted to social services for review. The social worker then meets with the youth within 24 hours of arrival and offers follow-up care if the screening indicated previous sexual abuse or perpetration of sexual abuse.

#### **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. 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 Hackensack University Medical Center. 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 will require that medical and mental health evaluations and treatment are offered at no cost to sexual abuse victims and abusers. The nurse and social workers 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. The care provided to youth concertedly through both the APN and the social worker was evident in speaking with these staff and with youth. They work hard to refer or provide any type of follow-up services that a youth may need.

#### **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 monthly staffing meetings. All documented reviews will be forward to the PREA Coordinator.

The auditor required as a corrective action that the facility provide the auditor 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. The BCJDC provided the requested form to the auditor.

**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 had no incidents. However, they did not document this in an aggregate report. An annual report of data should be forwarded to facility administrators by the facility investigator – even if the annual report states there were no incidents of sexual harassment of sexual assault reported for the year. The auditor reviewed incident files for 2015 and 2016. There were no sexual assault or sexual harassment incidents, but other types of incidents were investigated and well documented. The auditor required as a corrective action that the facility prepare an aggregated data report for 2014 and 2015. This report was provided to the auditor.

**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.**

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.

The auditor required the facility prepare an annual report assessing the facility’s progress in addressing sexual abuse and post this annual report on the agencies website. However, the detention center does not have a website. Bergen County has been provided the data to load and is updating their website to provide a link for the detention center information. It will be ready in mid-September. In the meantime, the BCJDC has publically posted their Annual Report in the entrance lobby at the check-in desk.

**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 has 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.

As a corrective action the auditor required the facility post PREA related data on the detention facility’s website. However, the detention center does not have a website. Bergen County has been provided the data to load and is updating their website to provide a link for the detention center information. It will be ready in mid-September. In the meantime, the BCJDC has publically posted their Annual Report that has aggregate data in the entrance lobby at the check-in desk.

**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

August 31, 2016  
Date