

**PREA AUDIT REPORT    INTERIM    FINAL  
JUVENILE FACILITIES**

**Date of report: 08/28/2016**

<b>Auditor Information</b>			
<b>Auditor name:</b> Candy Snyder			
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<b>Telephone number:</b> (605) 517-1747			
<b>Date of facility visit:</b> February 18 – 19, 2016			
<b>Facility Information</b>			
<b>Facility Name:</b> Union County Juvenile Detention Center			
<b>Facility physical address:</b> 1075 Edward Street Linden NJ07036			
<b>Facility mailing address:</b> <i>(If different from above)</i>			
<b>Facility telephone number:</b> (201) 523-1630			
<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> Diana Youst			
<b>Number of staff assigned to the facility in the last 12 months:</b> 60			
<b>Designed facility capacity:</b> 76			
<b>Current population of facility:</b> 48			
<b>Facility security levels/inmate custody levels:</b> High, Medium			
<b>Age range of the population:</b> 14 to 19			
<b>Name of PREA Compliance Manager:</b> Antonio Hinojosa			
<b>Email address:</b> ahinojosa@ucnj.org			
<b>Agency Information</b>			
<b>Name of agency:</b> Union County Department of Human Services			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 1075 Edward Street Linden NJ 07036			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone Number:</b> (908) 523-1630			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Frank Guzzo		<b>Title:</b> Director Union Co. Dept. of Human Svcs.	
<b>Email:</b> fguzzo@ucnj.org		<b>Telephone number:</b> (908) 527-4808	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Patricia Goforth		<b>Title:</b> Operations Manager	
<b>Email address:</b> pgoforth@ucnj.org		<b>Telephone number:</b> (908) 523-1594	

## AUDIT FINDINGS

### NARRATIVE:

An audit of the Union County Juvenile Detention Center (UCJDC) facility in Linden, NJ was conducted on February 18 and 19, 2016 by Candy Snyder, a certified PREA auditor, and assisted by Mark Snyder, an auditing assistant.

An entrance meeting began with facility staff Superintendent Diana Youst, PREA Coordinator, Patricia Goforth, PREA Compliance Manager Antonio Hinojosa, Director Lester Swick, Education Supervisor David Young, Maintenance Supervisor Rick Cowley, Chief of Custody Tekki Allen, and Program Coordinator Zantesah Ingalls. Following the entrance meeting Ms. Youst 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 criminal background checks. There were two investigations reported. They were investigated by the facility investigator. The investigations were reviewed by the auditor.

Ms. Youst 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. The auditor interviewed one youth that was limited English proficient with the assistance of a bilingual staff from the medical department. There were no youth who identified as LGBTI. The facility states that it does not use isolation for protective custody and this was confirmed through direct observation and through interviews. They may move a youth for a short time period while they review the situation and determine the best housing placement to keep the youth safe.

An exit briefing was held with the Superintendent, the PREA Coordinator, mental health, the Director/Investigator and the Chief of Custody. 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, may have questions to be answered and prepares the interim report. The auditor thanked the 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:**

Union County Juvenile Detention Center (UCJDC) facility is located in Linden, New Jersey. The facility is comprised of a building that surrounds a secure outdoor recreation area. The building consists of administrative areas, intake area, medical offices, gym, two dining rooms and kitchen, and an education area with classrooms. Union County Juvenile Detention Center only houses male youth. There are six housing units identified as A through F. Units A and B have 8 individual rooms, a large dayroom, a smaller sub-dayroom, a multi-purpose room a small recreation area, a conference room, a laundry room, and two private restrooms, one with an individual shower stall. Each of these units have three wet rooms that contain a combination toilet/sink. Units C through E have seven individual rooms on the lower level and seven individual rooms on the mezzanine level. Two of the rooms on the lower levels are wet rooms that contain a combination toilet/sink. Each unit consists of an open dayroom, a conference room, a laundry room, and four private restrooms, three of the restrooms have individual shower stalls. Unit F has eight individual rooms on the lower level and six individual rooms on the mezzanine level. Two of the rooms on the lower level are wet rooms that contain a combination toilet sink. This unit consists of an open dayroom, a conference room, a laundry room, and four private restrooms, three of them with individual shower stalls. Units C and D share a recreation area and Units E and F share a recreation area. Throughout the tour of the facility the auditor noted the audit notice and PREA posters that were created by the residents.

**SUMMARY OF AUDIT FINDINGS:**

The Superintendent has been working on implementation of PREA compliance measures for the Union County Juvenile Detention Center. She brings with her a good plan that she brought with her from Hudson County Juvenile Detention Center. The facility has very thorough policy on PREA policy that at the time of the on-site portion of the audit was in draft form. Although not all standards have been 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 Union County Juvenile Detention Center.

Number of standards exceeded:	00
Number of standards met:	40
Number of standards not met:	00
Number of standards not applicable:	01

### 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 UCJDC had a very thorough draft PREA policy. Their PREA Coordinator had only been recently hired, but has extensive compliance experience from her previous position of other 30 years at an adult jail. The Superintendent has been the acting PREA Coordinator prior to this new appointment. Both the Superintendent and the PREA Coordinator have time to complete duties related to PREA compliance. The auditor required as a corrective action that the PREA policy be enacted. The facility provided enacted PREA Policy 3.D.6 revised August 22, 2106. The auditor requested the PREA Coordinator complete the NIC training course for PREA Coordinators to get familiar with her new role.

### 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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The facility contracts with Bergen County for the confinement of female youth and with Morris County in the event the UCJDC is over-crowded. However, there was no PREA compliance paragraph within either contract. The auditor completed audits for both Bergen and Morris Counties and thereby was able to independently determine compliance absent of the contract addendum. The auditor required as a corrective action that the facility provide the auditor with a signed addendum with both counties stating that they will comply with PREA standards. This was provided to the auditor in August.

### 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 UCJDC administration holds staffing meetings in which they discuss staffing issues, promotions and training. However, they did not have a documented staffing plan or an 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 UCJDC did not have a log book in which to 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 a few occasions when youth were required to return to their rooms due to decreased staffing levels. In addition, staff have been on mandatory overtime since November 2014 in order to maintain the ratio. It was apparent that the extended hours are wearing on them. This situation must be alleviated in order to ensure staff are at their peak performance in order to maintain proper supervision and diligence over youth supervision. The facility did not have within the draft PREA policy the requirement to conduct and document unannounced rounds by intermediate- and higher-level staff.

As a corrective action the auditor required a formal staffing review in which they address their plan to correct their current staffing shortage. In addition, the auditor required copies of their logbook in which they document deviations from their ratio. The auditor required as a corrective action that the facility include within their PREA policy the requirement of unannounced rounds by intermediate-level or higher level supervisors. This was added to the policy under the section "Staff Policy Notice and Training". In addition, the UCJDC provided the auditor their logbook in which they documented, unannounced rounds. The UCJDC provided documentation of their work with the New Jersey Juvenile Justice Commission (NJJC) and their County Freeholders in alleviating their staffing issues. By April 2016 with the support and efforts of the NJJC and their management, they were able to train their inexperienced staff, hire ten new Juvenile Detention Officers and nine seasonal positions. As per their PREA Policy, they will continue to re-evaluate their staffing plan each year and provide updated information in their annual report.

### **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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UCJDC only houses male youth. The facility does not conduct strip searches, visual body cavity searches or pat searches by female staff. The UCJDC draft policy did not address cross-gender searches. There wasn't an identified area to document cross-gender searches in case one were to occur (exigent circumstance log). Through the interview process both youth and staff stated that both pat and strip searches are conducted by male staff only.

The toilet and shower facilities are individual and private and therefore allow for residents to shower, toilet and change clothing without female staff viewing them naked. Female staff typically do not announce their presence when entering a housing area. A few female staff stated that they announce when they begin a room check round in case there is a juvenile on the toilet in one of the two rooms that are equipped with a toilet/sink combination unit within the room. Both staff and youth stated viewing by female staff is not an issue and youth have plenty of privacy. There has been one instance of a transgendered resident admitted to the facility. Staff were aware of the responsibility of determining sex solely through professional conversation or through medial records or through part of a broader medical examination by a medical practitioner. The resident was transferred to the Bergen County Juvenile Detention Facility. The resident's own views were taken into consideration.

The facility did not provide cross-gender search training although staff who have attended training through the law enforcement training center have received cross-gender search training. Although it is a male facility, all staff must attend training in how to conduct a search of a cross-gender or transgender youth.

The auditor required as a corrective action that the UCJDC ensure that all policies and training clearly identify that cross-gender searches of all types are only performed in emergency situations and female staff announce their presence when entering the housing area. This was provided to the auditor in the PREA policy 3.D.6. The UCJDC provided additional training in cross-gender pat searches and searches of transgender or intersex youth, announcing when entering housing areas and provided documented evidence of the training to the auditor. UCJDC provided the auditor with a copy of the exigent circumstance log that will be used for documentation of any cross-gender search. The log book is blank as there were no events to record, but all staff were trained in the existence of the log and when to record.

### **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. In addition, they have access to the Language Line within the medical department and have used this service in the past. The auditor interviewed a Spanish-speaking youth using the assistance of a bilingual nurse. However, the information relayed was inaccurate, most likely due to the youth's inattention as he was new to the facility and scared. This is a real possibility for first-time offenders. The facility handled the situation appropriately and interviewed the youth again using the Language Line through a Social Worker. The facility does not use residents to interpret for other residents. The intake PREA information and the PREA posters are not in Spanish format.

As a corrective action the auditor required the UCJDC provide the auditor the intake PREA information and posters in Spanish. This information was provided to the auditor as well as photographic evidence in which Spanish information is prominently displayed in the intake area and the medical office due to the high propensity of Spanish-speaking youth.

### **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. Following the on-site portion of the audit they re-ran all background checks again to meet the every five years standard. Their new process will be performing background checks upon promotion as well. The UCJDC was not performing Child Abuse Record Information (CARI) checks at the time of employment, but have 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.

As a corrective action the auditor required the UCJDC provide the auditor with 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 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 only eight years old. It is extremely modern and has an exceptional layout for monitoring youth. Within the past year they have replaced their cameras with newer technology that provides a clearer, crisper image. The administrators consider the ways in which to enhance their efforts and abilities to protect residents from sexual abuse through the use of electronic monitoring and video monitoring. They have camera systems in all key areas. Additionally, they have a secured entry door system that is operated by the main control. In key areas they have electronic monitoring in which the Superintendent and the Chief of Custody can hear conversations. In the housing units there is a small control panel to operate doors within the unit to control access in and out of resident rooms, showers, toilets, laundry facilities and dayroom.

### 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 Investigations are conducted through the Union County Police Department. The UCJDC Director conducts all administrative investigations. The Director is a retired law enforcement officer and has extensive investigative experience to include the protection and methods for obtaining usable physical evidence.

Youth who have been victims of sexual assault would be offered forensic exams by a Sexual Assault Nurse Examiner (SANE) at the Trinitas Hospital. The facility is currently working to secure an MOU with an advocate from the Union County Rape Crisis Center that will accompany youth to the hospital and provide emotional support and assistance throughout the forensic exam and investigatory process.

The auditor required as a corrective action that the UCJDC attempt to make a victim advocate from a rape crisis center available to accompany the victim and provide support through the forensic exam. The UCJDC provided a signed MOU with the Union County Rape Crisis Center for advocacy services.

### 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.**

As soon as the administrator is notified of a sexual abuse of a criminal nature the protocol is to call both the Division of Child Protection and Permanency (DCP&P) and the Union County Police Department.

The procedures are in place to notify the police department and DCP&P for every incident of sexual abuse. At the time of the audit there was a draft written policy that states all allegations of sexual abuse or sexual harassment are referred for investigation.

As a corrective action the auditor required the PREA policy that includes the investigative policy be enacted with an effective date and published on a UCJDC website. The facility provided the enacted PREA Policy 3.D.6. which includes their investigative policy. The UCJDC does not have an active website. During the corrective action period they began dialogue with Union County to provided a link for the Juvenile Detention Facility in which to post their PREA information. Although it is not active, the County has assured them that they are working on a link for the UCJDC. In the mean time, the UCJDC has posted publically in their visitor entry their PREA policy to include the investigative policy, how to report if you are a third party, their annual report and their aggregate data.

### **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)

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UCJDC provides PREA training to all staff. The facility provided no documented record and a receipt and acknowledgment sheet that the employee signs stating they have read and understand the PREA policy, they have received training on the specific points outlined and they understand the policy and the training. There is also no documented training specific to LGBTI residents. Staff consistently stated throughout the interviews 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, but there were a few that did not know or stated the incorrect age of 18 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. At the time of the audit the facility did not have an identified trainer.

The auditor required as corrective action that the UCJDC provide a signed page by each employee that they have received the required training and that they understand the policy and training. The auditor also required training is strengthened to include the complete process in the event of a sexual assault. This documentation was provided to the auditor as requested.

### **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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UCJDC provides PREA training to volunteers and contractors at a level that is dependent upon their level of contact with the youth. Teaching staff have received the same level of training as employees. The training provided to volunteers and contractors is a good start, but must be strengthened to include the complete process in the event of a sexual assault. Contracting staff were not able to convey what evidence is to be protected, that a forensic exam is to be conducted at the local hospital by a SANE, that the Director conducts administrative investigations and the Union County Police Department conducts criminal investigations.

The auditor required as a corrective action that the UCJDC provide the auditor with a signed page by each volunteer and contractor that they have received the required training and that they understand the policy and training. The documented training was provided to the auditor as requested.

#### **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 UCJDC 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 has only recently been initiated and was provided by the Program Coordinator and of course, does not include the information that they have yet to implement.

As a corrective action the auditor required more comprehensive resident education. The auditor requested that the training include the items that the facility will be enacting during their corrective action period such as the way to report to an outside entity once the telephone numbers are available on the GTL phone line and the contact information for the Union County Rape Crisis Center. Also, the auditor required that they provide written resident education to Spanish residents, resident handbooks or posters that provides the key information so that it is continuously and readily available or visible to residents. Verification was provided to the auditor on all requests related to resident education.

#### **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 UCJDC staff do not conduct criminal sexual abuse investigations. The allegation is turned over to the Union County Police Department. In addition, 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. The UCJDC investigator handles any non-criminal investigations.

The auditor required as corrective action the UCJDC administrative investigator complete the National Institute of Corrections on-line investigation course "Investigating Sexual Abuse in a Confinement Setting". The administrative

investigator at the time of the audit is no longer employed at UCJDC. In the meantime, the PREA Coordinator has completed the National Institute of Corrections on-line investigation course “Investigating Sexual Abuse in a Confinement Setting. They have recently appointed a new administrative investigator who will also complete the NIC investigation course.

#### **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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The nursing staff are contracted through the Center for Family Guidance (CFG). Through an interview with the medical and mental health administrator, it is apparent she is 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 a local hospital with SANE services. The nursing staff 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 staff participate in the National Institute of Corrections (NIC) on-line course “Medical Health Care for Sexual Assault Victims in a Confinement Setting” as well as the basic PREA training provided to all staff. Verification of the required training was 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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UCJDC has identified their screening tool, but at the time of the on-site audit had not implemented their screening process. The social worker will administer 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.

As a corrective action the auditor required that the screenings are complete for all youth. The UCJDC provided verification of youth screenings.

### 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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The UCJDC 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.

As a corrective action the auditor required that the screenings are completed for all youth in order to assist in proper housing decisions. The UCJDC provided verification of youth 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)

**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.**

UCJDC 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 are allowed at least two phone calls per week through their social worker. In addition, there are pay phones in the housing area provided by a contracted phone service. If the youth have money within their account, they can also make phone calls in the housing areas. 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, their DCP&P caseworker if one is assigned and their lawyer. They have multiple times throughout the week to call parents and can speak with their attorneys when a request is made. 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.

As a corrective action the auditor required that the UCJDC provide a call to an outside entity so that youth can make a report to an entity outside of the facility. The UCJDC provided verification that their phone system was set up to call the DCP&P Abuse hotline number, the Union County Police Department, New Jersey Coalition Against Sexual

Assault (NJCASA) and the Union County Rape Crisis Center. They also updated posters and handbooks to reflect these reporting methods and all youth were educated on the process.

#### **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. 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. The Shift Supervisor must review an emergency grievance no later than the next shift. 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.**

At the time of the on-site audit the UCJDC did not have an advocacy service set up. However, they anticipated setting up an MOU for advocacy services through the Union County Rape Crisis Center. UCJDC 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.

As a corrective action the UCJDC must provide the auditor with an MOU with the Union County Rape Crisis Center for advocacy service. This was provided to the auditor in August.

#### **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 UCJDC did not provide reporting and contact information to third parties. During the corrective action period they set up a bulletin board within their lobby area to provide information publically for third parties to report.

As a corrective action the auditor required the UCJDC post on their website how to report sexual abuse and sexual harassment on behalf of a resident. The auditor recommended posting on the website all three options of notifying the DCP&P, the Union County Police Department and the UCJDC Administration. The auditor also recommended that this information be posted in a parent handbook and on Posters within the visit area. The UCJDC does not have an active website. During the corrective action period they began dialogue with Union County to provided a link for the Juvenile Detention Facility in which to post their PREA information. Although it is not active, the County has assured them that they are working on a link for the UCJDC. In the mean time, the UCJDC has posted publically in their visitor entry their PREA policy to include the investigative policy, how to report if you are a third party, their annual report and their aggregate data.

#### **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.**

UCJDC 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, UCJDC staff promptly report the allegation to the DCP&P, the Union 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 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.**

UCJDC staff are aware of first responder procedures and are aware of most elements of this standard. They were strong in regard to separating the alleged victim and abuser. However, they were not as strong in the preservation and protection of crime scene evidence.

As a corrective action the auditor required the UCJDC strengthen training in the methods of preserving and protecting the crime scene, including requesting the victim not to take any actions which could destroy any physical evidence. The UCJDC provided verification of their training.

### 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.**

At the time of the on-site portion of the audit the UCJDC did not have a provider for advocacy services. In addition, although administrators know what the coordinated response plan is, many line staff did not.

As a corrective action the auditor required a coordinated response plan to include advocacy service as set through an MOU with the Union County Rape Crisis Center. The auditor required that the UCJDC strengthen training in the coordinated response as many staff reported that medical staff would begin the investigative process, were not aware

that an outside advocate will be provided and that the forensic exam is conducted at the hospital, not by facility contract medical staff. Also, the facility's coordinated response plan must be outlined in policy. The UCDC provided verification of the auditor requests by providing a copy of they signed MOU, signed training documentation for staff and the enacted PREA policy to include the facility's coordinated response plan.

#### **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 UCJDC 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.**

At the time of the on-site portion of the audit there was no policy or procedure in effect for monitoring for retaliation. There was not a specific staff assigned to monitor for retaliation following a report of sexual abuse or sexual harassment. There was no outlined way to document periodic status checks to show monitoring for retaliation.

As a corrective action the auditor required that retaliation monitoring procedures be included in the PREA policy. The auditor required a specific staff assigned the responsibility for monitoring for retaliation. 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 recommended 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. The facility provided verification of compliance with each required corrective action.

#### **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 investigator followed all standards in the course of his investigation. 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.

Although the investigator had received training as a former law enforcement officer, the investigator must have specific training to sexual abuse investigations. The auditor required as a corrective action that the administrative investigator complete the National Institute of Corrections on-line investigation course "Sexual Abuse in a Confinement Setting". The administrative investigator assigned at the time of the audit is no longer employed at UCJDC. As an interim, the PREA Coordinator has completed the National Institute of Corrections on-line investigation course "Investigating Sexual Abuse in a Confinement Setting. They have recently appointed a new administrative investigator who will also complete the NIC investigation course.

#### **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 investigator uses 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.**

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 that they provide the auditor the form used to document notice to residents the outcome of an investigation. This was provided to the auditor as requested.

#### **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 UCJDC 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 social worker completes a screening interview with youth within 24-hours of arrival. They report any previously unreported sexual abuse via the shift supervisor to DCP&P. In addition, medical staff conduct an assessment. 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. In the event services after hours are not available by the facility nurse, or where indicated in the professional judgment of the nurse, residents would be taken to the Trinitas 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 will require that medical and mental health evaluations and treatment are offered at no cost to sexual abuse victims and abusers. The social worker and nursing staff 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.**

At the time of the on-site portion of the audit there was no formal review process outlined. There have been no substantiated cases of sexual abuse to review. The Administrators stated the review would include the Superintendent, the Director, the Chief of Custody, medical staff, and the social worker. All documented reviews would be forward to the PREA Coordinator.

As a corrective action the auditor required the UCJDC provide 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 recommends that a designated time each month be set to ensure that the review occurs within 30 days of the conclusion of the investigation. The UCJDC provided the requested form.

#### **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 had not aggregated its data. The auditor required as a corrective action that the facility collect uniform data for all allegations of sexual abuse based on incident reports and investigation files for 2014, 2015 and forward. The facility provided this information to the auditor and posted it publically in their entrance lobby.

The UCJDC does not have an active website. During the corrective action period they began dialogue with Union County to provided a link for the Juvenile Detention Facility in which to post their PREA information. Although it is not active, the County has assured them that they are working on a link for the UCJDC. In the mean time, the UCJDC has posted publically in their visitor entry their PREA policy to include the investigative policy, how to report if you are a third party, their annual report and their aggregate data.

### 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. The review is to 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.

As a corrective action the auditor required the UCJDC prepare an annual report assessing the facility's progress in addressing sexual abuse and post this annual report publically on the agency's website. However, the UCJDC does not have an active website. During the corrective action period they began dialogue with Union County to provided a link for the Juvenile Detention Facility in which to post their PREA information. Although it is not active, the County has assured them that they are working on a link for the UCJDC. In the mean time, the UCJDC has posted publically in their visitor entry their PREA policy to include the investigative policy, how to report if you are a third party, their annual report and their aggregate data.

### 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.**

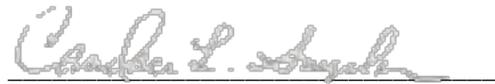
The facility had not completed and posted data to their website. Data collected is retained via limited access and through a secure server for at least ten (10) years.

The auditor required that as a corrective action the facility must post PREA related data on the detention facility's website. However, the UCJDC does not have an active website. During the corrective action period they began dialogue with Union County to provided a link for the Juvenile Detention Facility in which to post their PREA information. Although it is not active, the County has assured them that they are working on a link for the UCJDC. In the mean time, the UCJDC has posted publically in their visitor entry their PREA policy to include the investigative policy, how to report if you are a third party, their annual report and their aggregate data.

**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 28, 2016**

Date