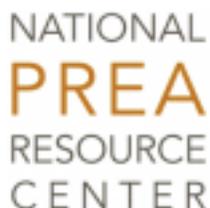


PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES



Name of Facility: Phillip M. Costello Preparatory Academy			
Physical Address: 800 Carranza Rd. Tabernacle, N.J.			
Date report submitted			
Auditor information G. Pete Zeegers			
Address		6302 Benjamin Road, Tampa, FL 33634	
Email:		pete.zeegers@us.g4s.com	
Telephone number:		863-441-2495	
Date of facility visit		July 16-17, 2014	
Facility Information			
Facility Mailing Address: <i>(if different from above)</i>			
Telephone Number:		609-268-1440	
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input checked="" type="checkbox"/> Other: Residential Treatment Facility
Name of PREA Compliance Manager:		Darien Ingalls	Title: Superintendent
Email Address:		Darien.Ingalls@jjc.nj.gov	Telephone Number: 609-268-1424
Agency Information			
Name of Agency: State of New Jersey, Department of Law & Public Safety, Juvenile Justice Commission			
Governing Authority or Parent Agency: <i>(if applicable)</i>			
Physical Address: 1001 Spruce St. P.O. Box 107 Trenton, N.J. 08625			
Mailing Address: <i>(if different from above)</i>			
Telephone Number:		609-292-1400	
Agency Chief Executive Officer			
Name: Kevin M. Brown		Title:	Executive Director
Email Address: Kevin.m.Brown@jjc.nj.gov		Telephone Number:	609-292-1400
Agency Wide PREA Coordinator			
Name: Luis Valentin		Title:	Chief of Employee Relations and Legal Affairs
Email Address: Luis.Valentin@jjc.nj.gov		Telephone Number:	609-341-3196

AUDIT FINDINGS

NARRATIVE:

Phillip M. Costello is an 30-bed Substance Abuse staff secure residential treatment facility operated by the State of New Jersey, Department of Law & Public Safety, Juvenile Justice Commission of located in Tabernacle, N.J. The facility serves adolescent boys, ages 15-21, who have been adjudicated delinquent and are classified as Level 1, community based placements by the New Jersey Juvenile Justice Commission. The program has an on-grounds school that is accredited by the New Jersey Department of Education. The length of stay is 7-9 months. The facility employs 34 full-time staff. There are an additional 2 staff contracted by Rutgers University.

Prior to the on-site audit, the auditor reviewed all files that were sent in advance. The files were organized and easily identified as to the standard the document was referencing. The auditor conducted a pre-audit briefing prior to the on-site visit to identify issues that impacted a finding of compliance and to further explain some of the standards that were not familiar to program administration and staff.

An on-site PREA Audit was conducted on July 16-17, 2014. The entrance meeting was attended by this auditor, Pete Zeegers, Darien Ingalls, Superintendent, (who also serves as PREA Compliance Manager), and Vanessa Tortoreto, Case Manager, (who also assists with PREA compliance at the facility). The on-site audit work plan was discussed, random samples of youth and staff were selected, and specialized staff were identified. Also, additional pre-audit information was obtained.

There were zero PREA-related youth on youth allegations made in the previous 12 months.

Interviews were conducted with the agency Executive Director, the agency PREA Coordinator, the Costello Program Director, the Asst. Superintendent, Human Resources staff, Intake staff, (Case Management staff), the Nursing Supervisor, ten custody staff randomly selected from each of the three shifts in this facility, and ten youth randomly selected. The facility does not utilize volunteers but does utilize contractors.

On the days of the on-site audit 23 youth were housed in the facility. One youth had reported during the intake process previous physical or sexual abuse. The youth stated during the interview that he did not want the follow-up services that were offered. One youth identified themselves as being lesbian, gay, bisexual, transgender, questioning, intersex, or gender nonconforming during the intake process. This youth was not held at the facility during the audit. There were zero youth identified as hearing or visually impaired, developmentally delayed, or who had limited English proficiency.

Youth receive information on PREA and their rights during the intake process. Additionally, after youth are admitted to the facility they are provided additional information about sexual abuse and harassment in both individual and group treatment. Youth who have experienced trauma, abuse, or victimization are provided treatment services, as needed.

DESCRIPTION OF FACILITY CHARACTERISTICS:

A tour of the facility was conducted, led by Case Manager Vanessa Tortoreto. Opened in 1963 the facility is clean, in good repair, and well maintained. The New Jersey Commission took over the building in 2008. There are no fences around the facility. The front door is unsecure and leads to the lobby area. The administration area is attached to the lobby. There is also a large multi-purpose room where various activities are held. The living unit is an open bay attached to the lobby area and has a bathroom/shower area near the living area. All youth are housed in this area. All toilets and showers are open bay with no stalls. There is another shower/bathroom area near the living unit area which has individual stalls for showering and/or toilet, if needed. Both review of policies and interviews with staff and youth confirmed that female staff are not permitted to enter or remain in this area. The recreation area is in front of the facility and next to a case management building and parking lot. The education building is adjacent to the parking lot.

There are no cameras to survey the facility. There is no central or master control. Mr. Ingalls agreed that not having cameras would lead to blind spots, and indicated that he would talk to his supervisor about a resolution.

The PREA Audit notice was posted on the bulletin boards all over the facility on walls in the lobby, in the youth living quarter's area and various hallways, the multi-purpose room as well as copies of the PREA brochure written in both English and Spanish, (this is the same brochure given to youth during the intake process). Posters containing the Department of Children and Family, (D.C.S.) abuse number is prominently posted in the main lobby area, youth living units, multi-purpose room and hallways, as well. There is also a PREA Hotline stand alone phone stationed in the multi-purpose room where the youth can just pick the phone up and it dials the National Rape Crisis Center automatically.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 5

Number of standards met: 34

Number of standards not met: 0

Number of standards N/A: 2

§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy addresses all components of the standard in the prevention, detection & response to sexual abuse. It identifies both a state agency PREA Coordinator and a facility PREA Manager.

The policy details the approaches it uses to prevent, detect and respond to sexual abuse and sexual harassment. The definitions of prohibited behaviors are clearly defined, as are the sanctions for those who violate the policy.

The agency has designated a corporate manager as the PREA Coordinator. He is very knowledgeable of PREA requirements, devotes sufficient time and effort in assisting facility staff with PREA-related issues, and has the authority to implement corrective actions. The facility Program Director serves as the PREA Compliance Manager and reports that he has sufficient time and authority to coordinate the facility's compliance with the PREA standards.

§115.312 - Contracting with other entities for the confinement of residents

Overall Determination:

Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

This standard is N/A.

§115.313 - Supervision and monitoring

Overall Determination:

X Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Policy 13ED:01.29 addresses staffing plans for secure facilities. It includes an annual workgroup for the development of a proposed Secure Facility Custody Posts and FTE reports for the next fiscal year. This is comprised of staffing schedules and Scheduled hold-over rotation procedures. It requires a review of prior documents, identification of changes, preparation of new proposed secure Facility Custody Posts and FTE Report and shall be signed by both the Chief Administrative Officer and Director of Operations prior to August 1, 2014. On April 8, 2014, an annual review was completed that included all factors as required by the standard.

The facility currently maintains a 1:8 day and 1:8 evening staff to youth ratio.

Policy 10ED:01.02 requires unannounced rounds in secure facilities by a Sgt. or higher. While not a secure facility, these are completed by the Youth Worker Supervisor and Superintendent 3x per week on each shift.

§115.315 – Limits to cross-gender viewing and searches

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Policy 14ED:01.02 addresses the prohibition of cross-gender searches except in emergency situations. Policy dictates that if conducted, they must be authorized and documented, including the reason for the cross gender search. The agency has specifically trained six staff as “Train the Trainers” to conduct training at their facility on cross-gender searches.

The facility reports no cross-gender searches. Staff report no training has been received on this in the event it is necessary or in the event they are reassigned to a facility with a different gender than themselves. No intersex or transgender youth have been admitted to this program.

Facility stated that if these searches did occur, they would be documented in the logbook as well as have an incident report completed.

Opposite gender staff announce their presence where youth may be housed, performing bodily functions or showering. The facility only recently initiated the practice of female staff announcing their presence when entering a housing unit. Staff and youth interviews confirmed the new practice.

The bathroom/shower area is in near proximity of the living area. The living area is an open bay model. The bathroom also is an open area. There are no individual stalls for showers or toilets. There is a

bathroom that is individualized, if needed. Male staff are assigned to the living area when showers and/or bathrooms are in use. When the youth need to use the bathroom during daily schedule activities, there is a staff escort. Both review of policies and interviews with staff and youth confirmed that female staff are not permitted to enter or remain in the bathroom/shower area. There are no cameras in this area.

§115.316 – Residents with disabilities and residents who are limited English proficient

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Facility goes through the Office of Education for E.S.L. assistance.

Facility unaware of any interpreting services used in the past 12 months. Staff report they are not clear on how to obtain services. Staff report that they do not utilize any residents for interpretation services. The facility reported they could use services that the school board offers. And there is a bi-Lingual staff (Spanish) assigned to their facility. While there is no formal agreement, there is an understanding that this staff will assist as needed.

The facility reports that they do not use resident interpreters, readers or assistants.

Youth interviews confirmed that youth are not asked, nor have been asked, to provide interpretive services.

§115.317 – Hiring and promotion decisions.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

The State of New Jersey can consider criminal convictions and pending criminal charges for all applicants. The State of New Jersey may also access state and federal criminal databases to conduct background checks for all applicants. All employees are subject to Child Abuse Record Information (CARI) checks. However, they are prohibited by law from asking about any criminal arrest history, as

an arrest unsupported by a conviction or an expunged or pardoned conviction may not be considered in considering applicants for non-law enforcement positions. The agency conducts 5-year background checks for all employees and contractors. Material omissions by an employee is subject to termination.

§115.318 – Upgrades to facilities and technology.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

This standard is N/A.

There have been no modifications or expansions in the past 12 months. There is no video monitoring system at this program.

§115.321 – Evidence protocol and forensic medical examinations.

Overall Determination

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

13OOI:01.04 – There is a policy that requires the use of a uniform evidence protocol for evidence collection.

13OOI:01.29 – A policy that references “A National Protocol for Sexual Assault Medical Forensic Examinations,” dated September 2004 and includes the preservation of evidence and the importance of appropriate emergency medical response.

14ED:01.02 – The PREA policy includes required protocols for the informed consent, Confidentiality, Reporting to law enforcement, and reporting to child abuse investigative agency. All youth are taken to a local SANE hospital, Virtua Memorial Hospital, Mt Holly Division, where there is a Registered Nurse, Forensic Nurse - Certified Sexual Assault.

All medical staff are contracted through Rutgers University Behavioral Healthcare, dated 6/18/14, that includes a provision for SANE exams and the absence of charges to youth under the care of JJC. Under this contract, all youth are offered the services of a victim advocate that is called in by the hospital.

§115.322 – Policies to ensure referrals of allegations for investigations.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

14ED:01.02 – The agency requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment.

14OOI:01.29 – This policy details all types of sexual allegations shall be investigated and the conduct of such investigations.

There were zero PREA-related youth on youth allegations made in the previous 12 months.

The PREA policy can be found at the states website www.nj.gov/lps.jjc.prea.html.

§115.331 – Employee Training

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Reviewed 10 staff training files.

Training is provided in all required 11 areas.

All staff interviews and records review indicate that staff have received appropriate training.

The facility includes PREA information in staff briefings.

§115.332 – Volunteer and contractor training.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency provides appropriate training for contractors, volunteers and interns based upon their contact with youth. A signed acknowledgement of training is maintained for all contractors, volunteers or interns on the zero-tolerance policy and reporting procedures.

§115.333 – Resident education.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Currently the agency provides comprehensive PREA education within 72 hours of intake, clearly exceeding the standard of comprehensive education within 10 days. Initial resident education is provided during the intake admission process. Residents are provided the TDCS PREA pamphlet in either English or Spanish. They are also provided additional written material that describes their right to be safe from sexual violence and information on how the various ways they can report an allegation or receive services. If it is determined that youth have limited reading skills, intake staff will read the written materials to the youth.

This information is further reviewed in greater detail and supplemented in groups and individual counseling sessions soon after the youth arrives at the facility.

Posters displaying the phone for Sexual Abuse Hotline, along with the D.C.S. hotline number, in Spanish and English, are visible to youth and staff in the hallways and main lobby area.

Youth interviews confirmed that youth understand the PREA education they receive and could articulate their rights and the various ways they can report an allegation.

§115.334 – Specialized training: Investigations.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard) Policy 14ED:01.02 requires each investigator to receive appropriate PREA Incident Investigation training. While there is no provision for what the training consists of, the training used was created by the Moss Group which includes interviewing juvenile sexual abuse victims,

Miranda/Garrity warnings; collection of evidence and the evidence and criteria required to substantiate a sexual abuse case. Three staff attended the Train-the-Trainer class and then has provided training to all Investigators, as well as the Facility PREA Investigators. It is noted that all Agency Investigator are sworn law enforcement..

§115.335 – Specialized training: Medical and mental health care.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

All of the required information is gathered at intake. The JJC PREA Screening Form has been implemented that allows for documentation of youth conversation to specific questions as well as document review. This form is also used in housing placement at the facility level. Information is only available to the Administrative staff and the Social Workers.

115.341 – Obtaining information from residents.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

All of the required information is gathered at intake. The JJC PREA Screening Form has been implemented that allows for documentation of youth conversation to specific questions as well as document review. This form is also used in housing placement at the facility level. Information is only available to the Administrative staff and the Social Workers.

115.342 – Placement of residents in housing, bed, program, education, and work assignments.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Policy 13ED:01.02A prohibits the placement of youth into a facility, assignment of roommate, education and work assignments based on LGBTQI status. While policy allows for placement of LGBTQI youth in room restriction, temporary close custody or a Behavior Accountability Unit as a means of keeping them safe only as a last resort, this facility has one open housing area with bunk beds and therefore there is no separation from general population. Should an event occur where a youth was unable to be safe, they youth would be transferred to a more appropriate facility. Isolation is not used at this facility. Policy allows for transgender and intersex youth to be able to shower separately from other residents upon request.

One LGBTQI youth was at program and there was no special housing identified for that youth. The staff state that no youth would be placed in special housing on the basis of LGBTQI status.

The JJC PREA Screening Form is used for housing placement.

115.351 – Resident reporting.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

The agency provides multiple ways for a youth to report allegations of sexual abuse or sexual misconduct, retaliation and staff neglect of responsibilities. Youth can report verbally, in writing as a juvenile statement or Request and Remedy to Investigators or Ombudsman, by phone to the Ombudsman/family/attorney, and by phone to the sexual abuse hotline. Additionally, the agency has implemented a PREA Complaint form that is an emergency written process for reporting. All forms are available in the dorm area. A Hotline is available for youth as needed. The hotline goes directly to the New Jersey Coalition Against Sexual Assault (NJCASA).

115.352 – Exhaustion of administrative remedies.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Policies 13ED:01.27 and 09CD:13.02 address the exhaustion of administration remedies. There is a grievance system known as a Request and Remedy which requires a response within 20 days. A Request and Remedy PREA Complaint form has been created to address emergency reporting through written format and requires an immediate response. Policy allows no time frame for reporting sexual

abuse or sexual misconduct and there is no requirement for an informal process to be utilized prior to the filing of a Request and Remedy. There is a third part complaint reporting information on the state website.

115.353 – Resident access to outside support services and legal representation.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

There is currently conversation with regard to providing an outside victim advocate with the agency that is currently used by New Jersey DOC. There are documented conversations.

Posters containing both the DCS hotline and the PREA hotline are prominently posted in the hallways and lobby area. Youth interviews confirmed that residents are aware of these posters and their right to call and make reports. Each youth has a primary DCS case worker who can access outside support services upon request of the youth.

Staff and resident interviews confirmed that staff provide youth with the limitations of confidentiality, regarding mandatory reporting laws. Resident communications are not monitored.

Youth interviews confirmed that those residents who currently have attorneys can communicate with them confidentially. None reported being denied access to their attorneys. All youth reported that they have family visitation and that they have never been denied access to their families. All youth are allowed phone calls each week to family members and can earn extra calls through the behavior management system.

115.354 – Third-party reporting

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

The agency has created a 3rd Party PREA Complaint Form which will be made available on the state's website. This form allows for printing or fill-able format, which can then be printed and mailed to the Commission. The address for the Commission is on the form.

115.361 – Staff and agency reporting duties.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 14ED:01.02 requires all staff to immediately report any incidents of sexual abuse or sexual harassment to both the agency and the child abuse reporting agency. Staff are prohibited from revealing information to anyone who does not have a need to know. A memo dated August 20, 2014 requires reporting to the youth's attorney within 14 days, and to the parent or DCPD (if guardian).

115.362 – Agency protection duties.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Although there were no instances during the previous 12 months where a youth was subject to substantial risk of imminent sexual abuse, staff interviews confirmed that staff have received training as to how to immediately protect a youth by separating the youth and alleged perpetrator, notifying their supervisor, and completing an incident report. All staff expressed that their primary responsibility at all times is the safety of youth in the facility.

115.363 – Reporting to other confinement facilities.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Policy 14ED:01.02 requires the Office of Investigators to provide, within 72 hours, notification to a facility where an allegation has been made and to document such notification. There has been no allegation to date.

115.364 – Staff first responder duties.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Facility policy includes the requirements of the standard. Staff interviews confirmed that staff have received first responder training and could articulate the steps they are to take when responding to an incident of sexual abuse.

115.365 – Coordinated response.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

This facility has a facility specific checklist that addresses all requirements of a coordinated response by staff. This plan additionally addresses all outside resources by name, location and phone number. This plan is kept in a separate folder in the administration area where all staff have access.

115.366 – Preservation of ability to protect residents from contact with abusers.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

All staff report there is not a provision for the express denial of removing staff from the post in the event of a sexual allegation.

115.367 – Agency protection against retaliation.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Policy 14ED:01.02 addresses the establishment of a policy to protect youth from sexual abuse or sexual harassment or retaliation for reporting, and to protect staff from retaliation for reporting. At the time of any report of sexual abuse or sexual harassment, the facility begins special supervision status and begins proceedings for youth transfer. A Retaliation Form is used and provides for status checks every 30 days and monitoring beyond 90 days as identified or needed. Periodic checks are also conducted for youth during their weekly counseling sessions.

115.368 – Post-allegation protective custody.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

For youth who have been placed in segregated housing to protect them have access to all normal programming within the facility, including recreation, education, and special education programs. Segregation is not used at this program.

115.371 – Criminal and administrative agency investigations

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

14OOI:01.29: PREA Investigation policy requires an investigation of all PREA related incidents. All investigators at the agency level are sworn law enforcement and have received appropriate training as indicated by the standard. Investigators conduct all aspects of the investigation including evidence collection, interviews and review for prior complaints. They are in contact with prosecutors on a regular basis during an investigation. The policy prohibits the use of polygraph examinations as a condition for proceeding with an investigation. Policy and state law required all evidence to be maintained, including any handwritten notes, video, audio, etc.).

There have been no incidents in the last 12 months.

115.372 – Evidentiary standards for administrative investigations

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

The agency does not impose a standard higher than a preponderance of the evidence for an administrative case.

There have been no incidents in the last 12 months.

115.373 – Reporting to residents.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)

14ED:01.12 requires that the resident be informed by the Executive Director or designee of the outcome of an allegation. Additionally, the Superintendent or designee is noted as required to inform a resident of the status of a case against a staff member. Policy requires all notices to be documented.

There have been no incidents in the last 12 months.

115.376 – Disciplinary sanctions for staff.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

14ED:01.02 indicates that termination will be the presumptive disciplinary sanction for any staff member who engages in sexual abuse or sexual harassment against a juvenile.

The policy requires notification to law enforcement for violation of sexual abuse/sexual harassment. However, the policy does not recognize notification to relevant licensing bodies.

There have no incidents at this facility in the last 12 months.

115.377 – Corrective action for contractors and volunteers.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

14ED:01.02: Policy addresses required responses when a volunteer or contractor has violation the agency zero tolerance policies, including reporting to law enforcement and prohibition of youth contact.

There have been no incidents reported at this facility in the last 12 months.

115.378 – Disciplinary sanctions for residents

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

ADM 13:101 provides for the disciplinary process of the agency. It includes a formal disciplinary process, and appeals process. Disciplinary sanctions are commensurate with the nature of the incident and take into certain factors prior to imposing the sanction.

There have been no incidents reported at this facility in the last 12 months.

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

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

Policy 09MS:3.02 requires that any youth who reports prior victimization or prior perpetrated sexual abuse is to be immediately referred for medical or mental health counseling. While there is no current policy that addresses informed consent for youth over the age of 17, the agency has provided a memo

from the Attorney General's Office that implements a policy change effective immediately. This will be incorporated into the agency policy.

115.382 - Access to emergency medical and mental health services

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

13HS:01.01/14ED:01.02: All youth who report sexual abuse receive immediate transfer to a SANE facility for treatment. Medical and mental health staff are also advised and available for follow-up care upon the youth's return.

Facility policy and contract requirements require access to unconditional, immediate emergency medical and mental health services at no cost to the youth or family, not only for resident victims of sexual abuse, but for all youth in the facility, whenever they need it.

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

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

14ED:01.02 – All youth who report victimization (regardless of where it took place) are referred for treatment and counseling as identified. Services are consistent with the community level of care. Victims shall receive appropriate STD and/or pregnancy counseling and treatment as identified. Treatment services are offered at no cost to youth, and within 14 days.

There were no incidents reported by this facility in the last 12 months.

115.386 – Sexual abuse incident reviews

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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 Comments (including corrective actions needed if it does not meet standard)

The agency utilizes a Sexual Abuse Incident Review Form that allows for the documentation of all required components of the standard.

115.387 – Data collection

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency gathers all information in an accurate and uniform method. The data collection process began in 2014. The data includes the SSV definitions and will be available annually on the state website.

The data gathered is maintained through the Juvenile Information and Management System (JIMS) electronic record system. It is the host of all JJC information for both youth and staff. Features of this system include: resident information (demographics, testing, plans, disciplinary, financial, gang, Medicaid, and parole), staff information (demographics, current position, title, salary, disciplinary, and union affiliation), Incident tracking system and Internal Affairs tracking system.

115.388 – Data Review for Corrective Action

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

2014 will be the first data collection report. A system is in place to review data both by individual facility and by agency total to identify problem areas, to address corrective action, and for the preparation of the annual report. This information will in 2015 be compared to the prior year information

115.389 – Data Storage, Publication, and Destruction

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Data will be maintained for 10 years from the date of the initial collection. Data collected will be maintained securely. Data will be encrypted and password protected to prevent unauthorized dissemination. Data will be made public beginning February 2015.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Pete Leegers

09/12/2014

Auditor Signature

Date