

**PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES**

Date of report: 06/10/2016

Auditor Information			
Auditor name: Candy Snyder			
Address: PO Box 405, Custer SD 57730			
Email: Snyder@gwtc.net			
Telephone number: (605) 517-1747			
Date of facility visit: February 22 - 23, 2016			
Facility Information			
Facility Name: Morris County Juvenile Detention Center			
Facility physical address: 460 West Hanover Street, Morris Township, NJ 07960			
Facility mailing address: PO Box 900, Morristown, NJ 07963			
Facility telephone number: (973) 285-2959			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Thomas Pollio			
Number of staff assigned to the facility in the last 12 months: 40			
Designed facility capacity: 42			
Current population of facility: 10			
Facility security levels/inmate custody levels: Secure Facility			
Age range of the population: 13 to 21			
Name of PREA Compliance Manager: Nichelle Orange			
Email address: norange@co.morris.nj.us			
Agency Information			
Name of agency: Morris County Dept. of Human Services			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 420 West Hanover Street, Morris Township, NJ 07963			
Mailing address: <i>(if different from above)</i>			
Telephone Number: (973) 326-7800			
Agency Chief Executive Officer			
Name: Jennifer Carpinteri		Title: Director Morris Co. Dept. of Human Services	
Email: jcarpinteri@co.morris.nj.us		Telephone number: (973) 285-6863	
Agency-Wide PREA Coordinator			
Name: Anthony D'Alessio		Title: Lieutenant	
Email address: adalessio@co.morris.nj.us		Telephone number: (973) 285-2964	

AUDIT FINDINGS

NARRATIVE:

An audit of the Morris County Juvenile Detention Center (MCJDC) facility in Morris Township, NJ was conducted on February 22nd and 23rd, 2016 by Candy Snyder, a certified PREA auditor, and assisted by Mark Snyder, an auditing assistant.

An entrance meeting began with facility staff to include the Director, Tom Pollio, the PREA Coordinator, Tony D'Alessio and the Director of Education, Karl Zeliff.

Following the entrance meeting Lt. D'Alessio and Mr. Zeliff 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. The auditor reviewed randomly selected criminal background checks. There were no investigations to review.

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

The auditor completed interviews of ten (10) youth with varying lengths of stay and youth from all housing areas. There was one resident who is limited English speaking that was interviewed. An interpreter was provided to conduct the interview. There were no youth with disabilities. 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 Director, the PREA Coordinator, the Lieutenant, the Chief of Custody, and the mental health professional. 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 Director and the PREA Coordinator 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:

Morris County Juvenile Detention Center (MCJDC) is located in Morristown Township, New Jersey. The facility is comprised of one building and a secure outdoor recreation area. The building consists of a non-secure administrative area, secure entry, library, control room, a dayroom/dining hall, kitchen area, two classrooms, medical offices, and an intake area. There are three distinct housing units. The South housing unit has ten (10) sleeping rooms. Two of those sleeping rooms are double bunked. However, as the facility has been under-capacity for quite some time, residents are not double bunked within any sleeping room. At the time of the audit, the south housing unit was not occupied with residents. However, the south housing unit dayroom and shower facilities are being utilized. There are two private single stall shower rooms on the south unit. The specialized housing unit is used for female residents. This unit has eight (8) sleeping rooms and two private single stall shower rooms. At the time of the audit there was one female occupying this unit. The west housing unit has 18 sleeping units. Two of those sleeping rooms are double bunked, however no residents are double bunked within a room due to the low population. There were nine (9) residents on the west unit at the time of the audit. All sleeping rooms within every unit are wet rooms with a combination toilet/sink within the room. Every unit has a dayroom and laundry facilities that serve that unit. Each dayroom has PREA posters in both English and Spanish with the number to contact the Division of Child Protection and Permanency (DCP&P) hotline number for reporting sexual abuse. Each dayroom also has a phone that is accessible to the youth.

SUMMARY OF AUDIT FINDINGS:

The facility staff have been working diligently on implementation of PREA compliance measures for the Morris County Juvenile Detention Center over the past year. They have met as a group comprising of the PREA Coordinator, the Chief of Custody, the Lieutenant, the mental health professional and the education director every two weeks for the last several months. The facility has a very thorough policy on PREA. Although not all standards had been met at the time of the on-site portion of the audit, staff and youth were aware of PREA and staff are committed to youth safety. Most importantly when asked, youth stated they felt safe at the Morris County Juvenile Detention Center.

Number of standards exceeded:	0
Number of standards met:	40
Number of standards not met:	0
Number of standards not applicable:	1

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.

MCJDC has a PREA policy (PREA Implementation Policy 8.0). The PREA Coordinator is responsible for the overall coordination of the standards and the PREA Compliance Manger works directly with custody staff and youth on a day-to-day basis to ensure the policy and procedures are implemented. Both the PREA Coordinator and the PREA Compliance Manger have sufficient time to complete duties related to PREA compliance. The PREA Coordinator is very well-versed in his duties and the standards. The auditor recommended that he complete the NIC course PREA Coordinator's' Roles and Responsibilities. The PREA policy is posted on the facility website.

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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NON-APPLICABLE: This facility does not contract with other facilities for the confinement of their residents.

Standard 115.313 Supervision and monitoring

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

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The MCJDC administration holds staffing meetings in which they discuss staffing issues, promotions and training. Their required staffing plan is outlined in Work Schedule-Staffing Levels Policy 1.8 which states that MCJDC maintain a staffing ratio of 1:8 ratio during waking hours and 1:16 ratio during sleeping hours. This requirement is also evaluated annually by the Juvenile Justice Commission during the annual review of the Manual of Standards for Juvenile Detention Facilities. The previous year's review stated that all standards were found to be in compliance, including subchapter 10.6 Staff Coverage. The facility staff review the previous year's schedule within a document that outlines the daily population for each day of the year and the number of staff present on each shift.

The facility did not have within the PREA policy the requirement to conduct and document unannounced rounds by intermediate- and higher-level staff. The facility requires the shift Sergeant to conduct and document unannounced rounds. This is a good practice. However, the intent behind the standard is that administrative managers who normally

are not assigned in the general work area where youth are present, be required to make a round of youth housing areas that is unannounced (and unexpected) as a means of deterring sexual abuse and sexual harassment.

CORRECTIVE ACTION: The auditor required the facility to implement the practice of intermediate-level or higher-level supervisors conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment. This practice is required for night shifts as well as day shifts. The auditor recommended that the Director, the two Custody Lieutenants and the Chief of Custody conduct rounds. On March 16, the facility provided policy 4.4 section D that includes Administrative responsibilities for unannounced rounds. They also provided their logs of unannounced rounds from tasks on email outlook.

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)

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 does not conduct cross-gender strip searches, visual body cavity searches or pat searches. There was not an exigent circumstance log to document cross-gender searches in case one were to occur in an emergency situation. In addition, staff were not trained in the proper technique for cross-gender searches or searches of transgender and intersex youth. Staff and youth very clearly stated that that both pat and strip searches are conducted by staff that are the same gender as the youth being searched.

The toilet and shower facilities are individual and private and therefore allow for residents to shower, toilet and change clothing without staff viewing them naked. Staff and youth very clearly stated that all staff announce their presence when entering a housing area of the opposing gender as the staff. If a youth is on the toilet, they loudly state “Not clear” and the staff does not complete the round or request a staff member of the same gender to perform the room check for that particular youth. Both staff and youth stated viewing is not an issue and youth have plenty of privacy. Staff were aware of the responsibility of determining sex solely through professional conversation or through medical records or through part of a broader medical examination by a medical practitioner. The resident’s own views were taken into consideration as to which staff performs a search of a transgender or intersex resident.

The facility does not provide cross-gender search training although staff who have attended training through the law enforcement training center have received cross-gender search training.

CORRECTIVE ACTION: The auditor required that MCJDC provide the auditor with documented proof of an exigent circumstance log that will be used for documentation of any cross-gender search or inadvertent observation of a naked youth by staff of the opposing gender. The auditor also requested documentation that all staff have received training on cross-gender pat searches and searches of transgender or intersex youth.

On March 30, 2016 the facility provided their Searches of Persons PowerPoint training and their signed training records indicated the training was complete. They also provided a signature sheet for the viewing of the vimeo video “Guidance on Cross Gender & Transgender Pat searches as well as their sample report of the exigent circumstance log that was added to their report writer.

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.

MCJDC has identified staff members who are bilingual in both English and Spanish to assist in communicating with non-English speaking residents. In addition, they have access to an interpretive service. The number and instructions are posted prominently on the intake desk and the Sergeant's office. The auditor interviewed a Spanish-speaking youth using the assistance of a bilingual teacher. The intake PREA information and the PREA posters are provided in Spanish format.

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 criminal background checks at the time of employment of new hires. They have ran a criminal case history check on the New Jersey Judiciary site Promis /Gavel for any current employee who has a background check that is more than five years old or who has been recently promoted. All employees hired since August 20, 2013 has had a Child Abuse Record Information (CARI) check ran. 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.

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)

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 additional areas constructed in 2000. In addition, the control room was updated with a new flat panel door system control panel in 2013. The facility is laid out to provide exceptional monitoring of youth by both direct visibility and camera monitoring. 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. Multiple supervisory staff are able to monitor cameras in key areas.

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)

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.

Criminal Investigations are conducted through the Morris County Prosecutor's Office through the SART team using a coordinated response which the prosecutor's office initiates. Administrative investigations are conducted by the MCJDC PREA Coordinator.

Youth who have been victims of sexual assault would be offered forensic exams by a Sexual Assault Nurse Examiner (SANE) at the Morristown Memorial Hospital. An advocate is arranged by the Morris County Prosecutor's office. This advocate will accompany youth to the hospital and provide emotional support and assistance throughout the forensic exam and investigatory process.

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 Morris County Prosecutor's Office. There is a written policy that states all allegations of sexual abuse or sexual harassment are referred for investigation and this policy is posted on the MCJDC website.

Standard 115.331 Employee training

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

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

MCJDC provides PREA training to all staff. The facility provided documented record of staff training. However, there was no receipt and acknowledgment sheet that the employee signs stating they have read the PREA policy, they have received training on the specific points outlined in the standard and they understand the policy and the training. Staff consistently stated throughout the interviews that they 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. 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.

CORRECTIVE ACTION: The auditor required the MCJDC provide the auditor with a signed page by each employee that they have received the required PREA training and that they understand the policy and training. The training provided to staff was a good start, but the auditor required it be strengthened to include the complete process in the event of a sexual assault. 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 Lt. D'Alessio conducts administrative investigations and the Morris County Prosecutor's Office and the DCP&P Institutional Affairs conducts criminal investigations. By March 14, 2016 the facility had provided refresher training for all staff and provided the auditor with signed training acknowledgement forms for all staff. They have implemented a good plan for continued refresher training with diverse PREA related subjects.

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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MCJDC 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, and that the Lt. D'Alessio conducts administrative investigations and the Morris Township Police Department conducts criminal investigations. Every visitor entering the facility signs an acknowledgement form that they understand the zero tolerance policy of sexual abuse and harassment.

CORRECTIVE ACTION: The auditor required that the MCJDC provide the auditor with a signed page by each volunteer and contractor that they have received the required training dependent upon the level of services they provide and that they understand the policy and training they received. On March 23, 2016 the facility staff provided documented evidence that all volunteers and contractors had received the required training.

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)

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 residents initial information on the MCJDC zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment immediately upon intake. This was evident through the interviews with youth. They stated that they received some basic information immediately (during intake). The more in-depth training is provided by the Social Worker within the first 10 days. The auditor interviewed every resident of the facility and the resident education was verified through this interview. However, in reviewing the records, not all residents had a signed form acknowledging the more in-depth PREA training within 10 days of arrival.

CORRECTIVE ACTION: The auditor required verification forms signed by residents that training was completed for all residents. On March 2, 2016 the facility staff provided training documentation signed by all residents.

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 MCJDC staff do not conduct criminal sexual abuse investigations. The allegation is turned over to the Morris County Prosecutor’s Office. 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 MCJDC investigator handles any non-criminal investigations. The administrative investigator provided a certificate from the National Institute of Corrections verifying participation in the on-line investigation course “Investigating Sexual Abuse in a Confinement Setting”.

Standard 115.335 Specialized training: Medical and mental health care

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

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Through interviews with the nurse and the mental health staff, it is apparent they are knowledgeable in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. No forensic examinations are conducted on site. All youth who report a sexual assault will be transported to the local hospital with SANE services. The staff verbally disclose to youth the limitations of confidentiality and their duty to report at the initiation of services. The auditor recommended that this be posted conspicuously in the medical office. The nurse provided a certificate from the National Institute of Corrections verifying participation in the on-line course “PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting” as well as the basic PREA training provided to all staff. The mental health staff provided a certificate from the National Institute of Corrections verifying participation in the on-line course “PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting” as well as the basic PREA training provided to all staff.

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)

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.

MCJDC has identified their screening tool and recently implemented it. All youth have been screened. The social worker administers the screening for all incoming youth. The screening documents are secured within the social worker's office. If a youth, through the screening process, is determined to be susceptible to victimization or perpetration of sexual abuse, this is shared with staff only to the extent necessary to provide for the well being of youth.

Standard 115.342 Use of screening information

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

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MCJDC makes placement decisions based on all information obtained to make housing, bed, program, and education assignments for residents with the goal of keeping all residents safe and free from sexual abuse. The facility takes into account the concerns of a transgendered or intersex resident's own views with respect to his or her own safety. Those views are given serious consideration and this was demonstrated through the interviews of staff. All youth shower separately at the facility. The facility does not place lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. The facility indicates through interviews that they will consider on a case-by-case basis assignment to a living unit that will ensure the resident's health and safety, and whether the placement would present management or security problems. Facility procedure is to manage a resident's room placement rather than using isolation as a means for protecting the resident's safety.

Standard 115.351 Resident reporting

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

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MCJDC provides multiple ways for residents to privately report sexual abuse and sexual harassment, or retaliation. They can report to any staff member either verbally or in writing. Youth are allowed at least two phone calls per week to parents or guardians. The youth may write a grievance and there are pencils and grievance forms in the housing unit. Youth are able to seal the envelope so that the grievance can remain private and anonymous and it goes directly to the Lieutenant responsible for processing grievances. Youth can call an assigned DCP&P caseworker and their lawyer. They can speak with the nurse or social worker privately at any time by simply making the request. In addition, the number to the DCP&P hotline is provided in their handbook and on posters as a means as accessing an outside reporting agency.

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

Standard 115.352 Exhaustion of administrative remedies

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

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Residents may submit a grievance alleging sexual abuse or harassment without submitting it to a staff member that is subject of the allegation. 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. Any emergency grievances are immediately handled by the Lieutenant. Youth may have assistance in completing a grievance from another juvenile, a staff member, or third party. 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)

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

CORRECTIVE ACTION: The auditor required the MCJDC provide an MOU with the Morris County Rape Crisis Center for advocacy service. On May 24, 2016 the facility staff provided a copy of the MOU with Morris County Rape Crisis Center. On May 27, 2016 the auditor spoke with the crisis center and verified their partnership with the MCJDC and outlined the scope of their services.

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)

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The MCJDC posts on their website how to report sexual abuse and sexual harassment on behalf of a resident. They provide contact information for the DCP&P, the Morris County Sexual Assault Center and the MCJDC Administration. <http://morriscountynj.gov/hs/wp-content/uploads/2016/02/Third-Party-Reporting-PREA.pdf>

Standard 115.361 Staff and agency reporting duties

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

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

MCJDC 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, MCJDC staff promptly report the allegation to the DCP&P, the Morris Township 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 who was housed 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 that occurred while a youth was 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.

MCJDC staff seemed to be aware of first responder procedures and were 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. Although this standard is met, the auditor recommends that they strengthen training in the methods of preserving and protecting the crime scene, including the request of the victim not to take any actions which could destroy any physical evidence. This training was completed and documented evidence was sent to the auditor on March 14, 2016.

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.

The facilities coordinated response plan must be outlined in policy. At the time of the on-site portion of the audit the MCJDC policy outlined the steps to be take at the onset by first responders, but did not include transportation to the hospital and the activation of the Sexual Assault response Team (SART). The Morris County prosecutor's office has already set up a SART. The facility has been in contact with the prosecutor's office and verified that the SART would respond on behalf of a victim of the MCJDC. The SART team consists of an advocate, certified forensic nurse and specially-trained law enforcement investigators that address the medical, emotional and legal needs of survivors 13 years of age and up who are in acute crisis and have been sexually assaulted within a five-day period. The youth

would be transported to the hospital. Advocate services are available through Morris Cares at the Morristown Medical Center.

Corrective Action: The auditor required the facilities coordinated response plan be outlined in policy. Their previous policy did not mention the SART team with an advocate from Morris Cares and a SANE nurse at Morristown Medical Center. In addition, the auditor recommended that the MCJDC 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 medical staff. On March 14, 2016 they provided the updated PREA Policy 8.0 which included the coordinated response actions. All staff were trained on the updates to the policy. The auditor spoke with a representative from Morris Cares to verify the MOU and the services they would provide.

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 MCJDC 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 audit there was no policy in effect providing procedures 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 documentation of periodic status checks to show monitoring for retaliation.

Corrective Action: The auditor required that retaliation monitoring procedures be included in the PREA policy. Also, that they assign a specific staff 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. On March 14, 2016 the facility staff provided a copy of updated the PREA Policy which includes the assignment of monitoring for retaliation to the PREA Coordinator.

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.

The facility does not isolate victims. Victims may be placed apart from others immediately following the report of a sexual assault or sexual harassment incident only for their immediate safety while information is gathered. Reintegrating the victim into the appropriate housing following an incident is determined by a consensus of Administrative, Medical, Social Service, Education and the victim(s) themselves.

Standard 115.371 Criminal and administrative agency investigations

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

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

The auditor reviewed agency investigative files. The facility had one administrative investigation of an allegation that was properly reported and investigated. The investigators follow all standards in the course of their investigation and have received specialized training. Administrative investigations include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports, which will include physical/testimonial evidence, credibility reasoning assessments and investigative facts and findings. All written reports will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Standard 115.372 Evidentiary standards for administrative investigations

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

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

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

Standard 115.373 Reporting to residents

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

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

The facility must notify the resident as to whether the allegation was substantiated, unsubstantiated or unfounded. At the time of the on-site portion of the audit, the facility had no method for reporting and documenting the outcome of an investigation to residents.

CORRECTIVE ACTION: The auditor required the facility staff provide the form used to document notice to residents the outcome of an investigation. This form was provided to the auditor on March 9, 2016.

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 MCJDC 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. These practices were confirmed through interviews.

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 as well. 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 Morristown Memorial 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. However, there had been no substantiated cases of sexual abuse to review. The Administrators stated the review would include the Director, Chief of Custody, the two Custody Lieutenants, medical staff, and the social worker. All documented reviews would be forward to the PREA Coordinator.

CORRECTIVE ACTION: The auditor required the facility staff 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 recommended that a designated time each month be set to ensure that the review occurs within 30 days of the conclusion of the investigation. On March 2, 2016 the facility provided the form they intend to use for incident reviews at their monthly staff meeting.

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 collects incident-based and aggregated data. In 2014 and 2015 there were no sexual abuse incidents reported.

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 has held an annual review of data and prepared an annual report. This review was attended by all upper level managers. This annual report is posted on the agency's website.

<http://morriscountynj.gov/hs/wp-content/uploads/2016/02/PREA-Annual-Report.pdf>

Standard 115.389 Data storage, publication and destruction

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

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

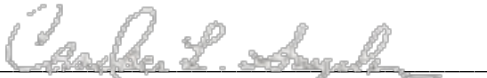
The facility has completed and posted data to their website. Data collected is retained via limited access and through a secure server for at least ten (10) years.

<http://morriscountynj.gov/hs/wp-content/uploads/2016/02/PREA-Annual-Report.pdf>

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.


Auditor Signature

June 10, 2016
Date