

**PREA AUDIT REPORT    INTERIM    FINAL  
JUVENILE FACILITIES**

**Date of report: 01/17/16**

<b>Auditor Information</b>			
<b>Auditor name:</b> Candy Snyder			
<b>Address:</b> PO Box 405, Custer SD 57730			
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<b>Telephone number:</b> (605) 517-1747			
<b>Date of facility visit:</b> December 17 - 18, 2015			
<b>Facility Information</b>			
<b>Facility Name:</b> Atlantic Youth Center Harborfields			
<b>Facility physical address:</b> 800 Buffalo Avenue, Egg Harbor City NJ 08215			
<b>Facility mailing address:</b> <i>(If different from above)</i>			
<b>Facility telephone number:</b> (609) 965-3583			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Kimery Lewis			
<b>Number of staff assigned to the facility in the last 12 months:</b> 29			
<b>Designed facility capacity:</b> 27			
<b>Current population of facility:</b> 13			
<b>Facility security levels/inmate custody levels:</b> minimum			
<b>Age range of the population:</b> 12 to 18			
<b>Name of PREA Compliance Manager:</b> Rochelle Andress			
<b>Email address:</b> Rochelle.andress@jjc.nj.gov			
<b>Agency Information</b>			
<b>Name of agency:</b> Atlantic County			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 1333 Atlantic Ave. Atlantic City, NJ 08401			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone Number:</b>			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Dennis Levinson		<b>Title:</b> County Executive	
<b>Email address:</b> Levinson_Dennis@aclink.org		<b>Telephone number:</b> (609) 345-6700	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Luis Valentin		<b>Title:</b> Chief, Employee Relations and Legal Affairs	
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## AUDIT FINDINGS

### NARRATIVE:

An audit of the Atlantic Youth Center Harborfields (AYC) facility in Egg Harbor City, New Jersey was conducted on December 17-18, 2015 by Candy Snyder, a certified PREA auditor, and assisted by Mark Snyder, an auditing assistant.

An entrance meeting began with facility staff Superintendent, Kimery Lewis and PREA Compliance Manager, Rochelle Andress. Also in attendance was John Wolff, Administrative Practice Officer for the New Jersey Juvenile Justice Commission (NJJC).

Following the entrance meeting Ms. Andress accompanied the audit team on the facility tour. The auditor then began interviewing specialized staff. 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. All staff were extremely polite and accommodating throughout the audit. AYC is a rather small facility and key staff hold multiple positions.

The auditor conducted a review of the application and hiring process with the Superintendent and the PREA Coordinator. A staff member was dispatched to Trenton to retrieve criminal background checks that were randomly selected from a list of employees by the auditor. There was one investigation reported. It was investigated by the Department of Children & Families Institutional Abuse Investigation Unit. The incident was determined to be unfounded. Investigative files were reviewed and were handled appropriately and per the standards.

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

The auditor completed interviews of ten (10) youth with varying lengths of stay and youth from all housing areas. There were no residents who were limited English speaking to be interviewed. The auditor interviewed a youth with a learning disability. There were no youth who identified as LGBTI. The auditor interviewed a youth involved in a sexual abuse investigation. The facility states that it does not use isolation for protective custody and this was confirmed through direct observation and through interviews.

An exit briefing was held with the facility the Superintendent and the PREA Compliance Manager. 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 report. The auditor thanked the Superintendent and the PREA Compliance Manager 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:**

The Atlantic Youth Center (AYC) facility is located in Egg Harbor City in Atlantic County, New Jersey. The facility is comprised of one building and a secure, fenced-in outdoor recreation area. The building consists of administrative areas, intake area, dining room and kitchen, education area with classrooms, and three housing units— two for male youth and one for female youth. The boys units have sleeping rooms for two youth per room. However, they typically sleep individually. The girls unit has two rooms, one that sleeps three and one that sleeps four, a dayroom and a single shower and a single restroom. All youth shower singly. There is a gymnasium for indoor recreation and an exterior fenced in recreation area. Throughout the tour of the facility the auditor noted PREA posters and the required posted Audit Notice.

**SUMMARY OF AUDIT FINDINGS:**

The PREA Compliance Manager has been working on implementation of PREA compliance measures over the past year for the Atlantic Youth Center. The facility has a very thorough policy, the AYC PREA policy and PREA related procedures. Staff and youth were aware of PREA and staff were committed to youth safety. Most importantly when asked, all youth stated that they felt safe at the Atlantic Youth Center.

Number of standards exceeded: **0**

Number of standards met: **39**

Number of standards not met: **0**

Number of standards not applicable: **2**

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

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

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

AYC has a very thorough PREA policy and many other policies and Standard Operating Procedures (SOP) related to PREA protective measures and reporting. They have appointed a PREA Compliance Manager who has been working tirelessly to address every standard. She has the authority to develop, implement and oversee the efforts of the facility to prevent, detect, and respond to sexual abuse and sexual harassment. She has the complete backing of the AYC Superintendent.

### **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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**This standard is not applicable.** The facility does not contract for the confinement of its residents with other private agencies/entities.

### **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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AYC conducted an annual review dated November 16, 2015 which was sent to the Atlantic County Administrator. This review included consideration of the 11 items noted in the standard including, among other things, camera surveillance systems, staff coverage, adequacy of supervision and prevailing staffing patterns over the past year. An additional review of the staffing plan took place on January 6, 2016. The auditor noted that staffing ratios have been met over the past year.

The facility does have within the PREA policy the requirement to conduct and document unannounced rounds. However, the facility initially interpreted this standard to mean the shift supervisors. The intent behind the standard was that administrative managers who normally are not assigned in the general work area where youth are present to make a round of youth housing areas that is unannounced (and unexpected) as a means of deterring sexual abuse

and sexual harassment. The facility immediately adjusted this and provided documented rounds sheets to the auditor for December and January. These rounds included sleeping hours, evenings and weekends.

#### **Standard 115.315 Limits to cross gender viewing and searches**

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

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The facility does not conduct cross-gender strip searches, cross-gender pat-down searches or cross-gender visual body cavity searches. This was verified through interviews with both staff and youth. The facility has a method of recording exigent circumstance in a log in the event of an emergency in which to document a cross-gender search. An emergency event could arise in which a male would have to perform a search of a female youth during an exigent circumstance. The auditor reviewed the facility cross gender search training and in fact a class was in progress during the audit tour.

The facility has good policies and procedures in place that enable residents to shower, toilet and change clothing without staff of the opposite gender viewing them naked. Staff announce their presence when entering a housing area of youth of the opposing gender. These procedures were confirmed through staff and youth interviews. There have been no instances of transgendered or intersex residents admitted to the facility. However, staff were aware of the responsibility of determining sex solely through professional conversation or through medial records or through part of a broader medical examination by a medical practitioner.

#### **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)

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This standard requires that the facility administrator think ahead of how to effectively handle situations involving a youth who is limited English proficient or may have disabilities so that they may fully participate in protection efforts. They typically do not encounter this, but have identified a staff member who is bilingual in both English and Spanish to assist. It is likely that the resident who does not speak English would predominantly be Spanish-speaking in this area. However, this cannot be assured. There have been no instances during this reporting period where resident interpreters, readers or other types of resident assistants were needed or used. The facility does not use residents to interpret for other residents. The auditor interviewed a youth who struggles to read. The youth stated that the PREA Compliance Manager has read all PREA related material so that there were no barriers to understanding the information on keeping the youth safe or reporting. The facility has posted notice an extensive list of interpreters for the deaf or hard of hearing. In addition, the facility has made arrangements with a telephonic language interpretation service, Voiance, for language interpretive services that may be needed for residents who speak languages other than English or Spanish. These efforts meet the needs for providing an interpretive service available 24-7 that can assist in the intake process, screening process, education on how to report and if need be, to translate during the investigative process.

### Standard 115.317 Hiring and promotion decisions

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

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The facility has performed background checks at the time of employment of new hires and re-ran all background checks again in December to meet the every five years standard. The auditor greatly appreciated the facility's efforts to secure the criminal background checks that were selected randomly by the auditor from a list of employees. A staff member was dispatched to Trenton to retrieve those criminal background records from the Human Resources office at the Juvenile Justice Commission. Initially the AYC was not performing Child Abuse Record Information (CARI) checks at the time of employment. However, during January the AYC submitted a CARI check for all existing employees and contractors that were hired after August 20, 2013. The Division of Children and Families completed those CARI checks on January 11, 2016. During the audit the facility provided the submission for a CARI check for a staff member who had recently been promoted. They do include the required three 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)

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There have been no major expansions or modifications at this facility. 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. There are 16 cameras and one DVRS. The line staff have been directed by administrators to remain on camera and avoid identified blind spots. The auditor identified multiple blind spots while on a tour of the facility. The auditor strongly recommends that the administration put a request forward to county administrators through their budget process for additional cameras. Specific areas noted were the outside recreation area, the kitchen and the corners of the gym.

### Standard 115.321 Evidence protocol and forensic medical examinations

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

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The investigator from the Office of Investigations immediately reaches out to the Atlantic County prosecutor's office. The Atlantic County Prosecutor's office uses a "team" approach to ensure that every victim of sexual assault has

access to the best possible care and services available from healthcare, law enforcement and advocacy agencies. The Sexual Assault Response Team includes of a Forensic Nurse Examiner (FNE) who is a Registered Nurse certified to provide comprehensive and compassionate care while ensuring that all potential evidence is collected in a timely and appropriate manner and a Law Enforcement Officer who has specialized training and experience in the area of sexual assault investigations.

In the interview with the investigator from the Office of Investigations, they also have received training in sexual abuse evidence collection. The auditor received training curriculum and proof of attendance in specialized investigator training classes.

In addition, AYC has a Memorandum of Understanding (MOU) with the Women's Center a local crisis center for sexual assault response. The Women Center has trained advocates that provide counseling and support to survivors of sexual assault.

#### **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)

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As soon as the administrator is notified of a sexual assault the protocol is to call both the Division of Child Protection and Permanency (DCP&P) and the Office of Investigations. The Office of Investigations also conducts prompt and thorough investigations of all allegations of misconduct. This office has both law enforcement authority and administrative authority to conduct investigations concerning any allegation of criminal action, misconduct, compliance with rules and regulations, standard operating procedures, and orders of the Juvenile Justice Commission. An alleged incident of sexual harassment, or incident otherwise deemed to be a PREA violation that does not rise to the level of sexual abuse, is referred to a Facility PREA investigator who has received PREA incident investigation training.

The procedures are in place to notify the Office of Investigations and DCP&P for every incident of sexual abuse. There is written policy in the AYC PREA Policy and addendum 16.2 *Investigation Procedures*. This investigative policy is published on the AYC website. <http://www.aclink.org/publicsafety/pdf/AYC-PREA-Policy-Addendum-Part5A-Investigations.pdf>

#### **Standard 115.331 Employee training**

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

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AYC provides PREA training to all staff. The facility has very good records that include a roster, a tracking sheet to ensure none is missed and a receipt and acknowledgment sheet that the employee or contractor signs stating they have read the PREA policy, they have received training on the specific 11 points outlined in the standard and they understand the policy and the training. There is also documented training specific to LGBTI residents. Staff consistently stated through the interview that they do not treat LGBTI residents any differently than other residents.

### 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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AYC 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 and this training is documented and was verified through the interview process by the auditor.

### Standard 115. 333 Resident education

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

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The facility provides residents initial information on the AYC 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) and then later typically with 1 to 2 days they would meet with the Social Worker who would give them more comprehensive education. The youth also spoke to the information being readily available through the handbook and with posters everywhere throughout the facility. AYC Standard Operating Procedure 6.6 Social Services outlines the responsibility of the social worker to provide more in-depth PREA training to newly arrived youth

### 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 AYC staff do not conduct sexual abuse investigations. The Office of Investigations assigns an investigator who works in conjunction with the Atlantic County Prosecutor's office. In addition, the Department of Children & Families Institutional Abuse Investigation Unit conducts sexual abuse investigations. Investigators from these units have received specialized training in conducting such investigations in confinement settings.

### Standard 115.335 Specialized training: Medical and mental health care

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

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The nurse is contracted through the Center for Family Guidance (CFG). She also provides services to the Atlantic County Jail. She was provided specialized training through the jail and provided a copy of the PowerPoint of the training. Staff attending the training were required to take a test to demonstrate understanding of the material. The test results were provided to the auditor as well. Through an interview with the nurse, it is apparent she is knowledgeable in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. This training is in addition to required staff PREA training. No forensic examinations are conducted on site. All youth who report a sexual assault are transported to a local hospital with SANE services. The nurse verbally discloses to youth the limitations of confidentiality and her duty to report at the initiation of services. The auditor recommends that this be posted conspicuously in the medical office.

### Standard 115.341 Screening for risk of victimization and abusiveness

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

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AYC has implemented their screening process. The PREA Compliance Manager conducts the screening for all incoming youth. The screening documents are maintained locked and secured with the Compliance Manager'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. The auditor reviewed the screening tool and randomly selected youth files to review to ensure that screenings are complete.

### 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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AYC 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 Social Worker

meets with youth daily to ensure they are doing well. Staff showed genuine care and concern for the youth and this was very evident during the youth interviews.

The comprehensive AYC PREA policy prohibits the placement of youth into a facility, assignment of roommate, education and work assignments based on LGBTQI status. 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. 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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AYC provides multiple ways for residents to privately report sexual abuse and sexual harassment, or retaliation. Youth speak with the Social Worker often and have ready access to her. They can write a grievance. The Social Worker assists them in their calls and they can call multiple people to report sexual abuse, the JJC Ombudsman, parents or guardian, DCP&P caseworker if one is assigned and their lawyer. They have multiple times throughout the week to call parents and can speak with their attorneys when a request is made. They can speak with the nurse privately at any time by simply making the request. They also can speak with the Superintendent by making the request to any staff. They have access to report outside of the AYC and JJC by calling the DCP&P Abuse hotline number 1-877-NJ-ABUSE. These posters are also posted throughout AYC. In addition, AYC will be installing a phone in the Multi-purpose room so that the youth can dial directly to the NJ Abuse line.

Youth reported feeling very comfortable reporting directly to their staff or another person within the facility. They reported there is a grievance process available, but no one really uses it. The staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports. The facility provides residents with access to tools necessary to make a written report.

#### **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. 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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AYC has an MOU with the Atlantic County Women’s Center. Many youth stated they know that services are available and that there are posters everywhere, but don’t really pay attention to them. They stated maybe if they needed those services they would pay closer attention, but at least they know if they need them, the contact information is always readily available.

AYC provides youth with reasonable and confidential access to their attorneys and parents. In addition, all youth interviewed reported that they had contact with their families regularly. If the youth is involved with the Department of Children and Families, they may already be assigned a Care Management worker who assists them in accessing services through Care Management Organizations (CMO’s) that provide a range of treatment and support services to children.

**Standard 115.354 Third-party reporting**

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

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The Third Party PREA Complaint form for reports of sexual abuse/harassment is available at the reception desk at AYC. In addition, this process is available on the NJJC website. The Parent Information book directs parents and/or guardians that they can report to facility administrators at AYC and provides the phone number. The AYC has posted on their website how to report sexual abuse and sexual harassment on behalf of a resident.

<http://www.aclink.org/publicsafety/mainpages/harborfields-prea.asp>

### 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.**

AYC 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. In addition, these requirements are outlined in the AYC PREA Policy.

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, AYC staff promptly report the allegation to the DCP&P, the Office of Investigation, 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. The AYC PREA policy requires all staff to immediately respond in the event information is discovered that a resident is in substantial risk of 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, and as required in the AYC PREA policy, there are procedures in place to appropriately act upon an allegation of sexual abuse reported by a resident while at another facility. This notification

will be made from Superintendent to Superintendent, the action will be initiated no later than 72 hours and the action will be documented. There has been one recent incident that occurred at another facility. Facility staff followed appropriate reporting procedures and per policy in notifying the facility Superintendent and DCP&P.

#### **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.**

AYC staff seemed to be well versed in first responder procedures and were aware of all elements of this standard (separate alleged victim/abuser, preservation and protection of crime scene, to include collection of physical evidence as soon as possible, including the request of the victim not to take any actions which could destroy any physical evidence). Interviews with random staff confirmed knowledge of these procedures.

#### **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 facility has a written PREA Checklist, which governs the coordinated actions for staff first responders. Training also emphasizes a coordinated effort of first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse. There is also a Staff Reference Guide for Sexual Abuse Allegations to remind them of their coordinated response. The auditor recommends AYC strengthen training to staff with what happens after they have reported following their initial response. Specifically, that the Office of Investigations works with the prosecutor's office in a coordinated effort to reduce the trauma to the youth; that they provide an advocate to accompany the youth to the hospital; and that a forensic exam is conducted by a SANE nurse so that evidence can be turned over to the prosecutor's office for prosecution.

#### **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 an alleged staff, volunteer, or contractor sexual abuser from contact with residents pending the outcome of the investigation and a determination of discipline.

The facility staff are represented by Communications Workers of America, AFL-CIO. There is nothing within the collective bargaining agreement that precludes AYC administration from removing an employee from contact with youth while an incident is under investigation or terminating employment after a substantiated allegation against the employee for sexual abuse.

#### **Standard 115.367 Agency protection against retaliation**

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

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

The AYC written policy related to protection against retaliation tasks the PREA Compliance Manager with monitoring youth who have reported sexual abuse or sexual harassment. Should any other person who cooperates with a sexual misconduct investigation express fear of retaliation; appropriate protective measures will be taken. Retaliation monitoring will be discontinued should the allegation be unfounded. Measures include housing changes, removing contact of alleged staff/resident abusers and emotional support services for those who fear retaliation. There have been no instances retaliation for reporting. The auditor recommended that a logbook is kept of each time contact is made with a resident or staff to follow-up that there has been no retaliation.

#### **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.**

**This standard is not applicable.** The facility does not use segregated housing of residents as a means to keep them safe from sexual misconduct. Interviews confirmed the prohibition of segregated housing for this purpose.

#### **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 reported allegation over the past reporting period. It was properly reported and investigated and was determined to be unfounded. The investigators follow all standards in the course of their investigation and have received specialized training. Administrative investigations are also conducted by the Office of Investigations and 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. Through interviews with the administrators and the investigator it was stated they use no standard higher than the preponderance of evidence in making final determinations of sexual abuse/harassment.

#### **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 states they have a way to document notice to a resident as to the outcome. The facility must notify the resident as to whether the allegation was substantiated, unsubstantiated or unfounded. The standard requires all notifications to be documented. The staff provided documented evidence of outcome to resident for the one "Unfounded" case, which was investigated.

#### **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 AYC 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 violate sexual abuse, sexual harassment and retaliation policies are subject to disciplinary sanctions including termination of service. There have been no contractors or volunteers who have been accused of sexual misconduct.

### **Standard 115.378 Disciplinary sanctions for residents**

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

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

For incidents of youth-on-youth sexual abuse, sexual harassment or retaliation, administrative sanctions will be handed out following the formal disciplinary processes and applied commensurate with the level of infraction. For criminal allegations following a criminal finding of guilt for resident-on-resident sexual abuse disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed.

A youth's access to general programming or education is not conditional on receiving interventions designed to address/correct underlying reasons or motivations for abuse. Discipline of a resident for sexual contact with staff occurs only upon a finding that the staff member did not consent to such contact.

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

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

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

The Social Worker does a screening interview youth within 72 hours of arrival. They report any previously unreported sexual abuse to DCP&P. 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. They will document their offer of a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening and document the offer and whether the resident desires to have follow-up with a medical or mental health practitioner.

### **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 Atlanticare Regional Medical Center in Pomona. 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 the Nurse 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 and pregnancy 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.**

The facility has a form for conducting abuse incident reviews following each sexual abuse investigation specifically answering the questions posed within the standard. There have been no substantiated cases to review. Pursuant to AYC PREA Policy (Part 9-Data Collection and Review) sexual abuse incident reviews shall be administered by the Juvenile Justice Commission under the provisions of Part 7 of Commission Policy ED.01.02 (PREA) as last revised. AYC Standard Operation Procedure No. 5.14 (Data Collection and Reviews) incorporates the Commission's practice and procedures regarding sexual abuse incident reviews. The JJC's Sexual Abuse Incident Review Committee was appointed by the JJC Executive Director consistent with the Commission's implementation of its PREA policy on or

about July 1, 2013 and is comprised of upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

#### **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 uniform data for all allegations of sexual abuse based on incident reports and investigation files. The facility provided data for both 2014 and 2015.

#### **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 held an annual review on January 5, 2016 for the previous calendar year. The review was attended by all upper level managers of AYC. They reviewed findings and corrective actions as well as the progress made through the previous year in addressing sexual abuse. A synopsis of their annual review is posted at the facility website at:

<http://www.aclink.org/publicsafety/pdf/AYC-PREA-Annual-Report-2015.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.**

Data collected is retained via limited access and through a secure server for at least ten (10) years. The facility posted PREA related data in their annual summary which is posted on the detention facility's website.

<http://www.aclink.org/publicsafety/pdf/AYC-PREA-Annual-Report-2015.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

**January 17, 2016**

\_\_\_\_\_  
Date