

**PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES**

Date of report: 02/08/2016

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: December 21 - 22, 2015			
Facility Information			
Facility Name: Camden County Juvenile Detention Center			
Facility physical address: 8 South Woodbury-Turnersville Road, Blackwood NJ08012			
Facility mailing address: <i>(If different from above)</i>			
Facility telephone number: (856) 374-6100			
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: Edward Fanelle			
Number of staff assigned to the facility in the last 12 months: 108			
Designed facility capacity: 77			
Current population of facility: 45			
Facility security levels/inmate custody levels: Minimum to Medium			
Age range of the population: 11 to 22			
Name of PREA Compliance Manager: Monique Hairston			
Email address: monica.hairston@publicsafetycc.com			
Agency Information			
Name of agency: Camden County			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 330 Federal Street, Camden NJ 08101			
Mailing address: <i>(if different from above)</i>			
Telephone Number: (856) 756-2256			
Agency Chief Executive Officer			
Name: David Owens		Title: Warden-Camden Corrections	
Email: david.ownes@camdencorrections.com		Telephone number: (856) 225-7632	
Agency-Wide PREA Coordinator			
Name: N/A (Same as PREA Compliance Mgr.)		Title:	
Email address:		Telephone number:	

AUDIT FINDINGS

NARRATIVE:

An audit of the Camden County Juvenile Detention Center (CCJDC) facility in Blackwood, NJ was conducted on December 21 and 22, 2015 by Candy Snyder, a certified PREA auditor, and assisted by Mark Snyder, an auditing assistant.

An entrance meeting began with facility staff Chief of Operations, Johann Arnold, PREA Coordinator, Monique Hairston, and Administrative Captain, Elaris Robinson. The Superintendent, Edward Fanelle, was not available on the first day, but was available on the second day.

Following the entrance meeting Officer Hairston accompanied the audit team on the facility tour. The auditor then began interviewing specialized staff. Suitable and private accommodations were made for the auditor to conduct interviews. The auditor was not limited in any way from speaking with staff or youth or inspecting any area of the facility. The auditor interviewed staff from all shifts. Everyone throughout the facility was professional and courteous.

The auditor conducted a review of the application and hiring process with the Superintendent, Chief of Operations and the PREA Coordinator. The auditor reviewed randomly selected criminal background checks. There was one administrative investigation reported. It was investigated by the Administrative Captain. The investigation was reviewed by the auditor.

Officer Hairston 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. There were no youth with disabilities or limited English proficient. The auditor interviewed 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 facility Superintendent, Chief of Operations and the PREA Coordinator. 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 Superintendent 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:

Camden County Juvenile Detention Center (CCJDC) facility is located in Blackwood in Camden County, New Jersey. The facility is comprised of three buildings and a secure, fenced-in outdoor recreation area. The main building consists of administrative areas, intake area, medical offices, behavioral management unit, gym, dining room and kitchen, and an education area with classrooms. The housing units are located in two separate buildings. Each building has four units for a total of eight units. Each unit has is comprised of eight individual rooms, a dayroom, four individual shower stalls, and four private toilet stalls. Each unit has one to two wet rooms that contain a combination toilet/sink. These units are used for youth on special observation status. In addition, a couple of rooms are equipped with bunk beds. However, the facility has not been at near capacity numbers for over a year and youth always occupy rooms individually. There is a central activity room that is shared by every two units. Unit A-1 houses female residents. Unit A-2 is currently unoccupied, but is used when separation might be necessary between female residents. Unit B-1 houses younger aged males. Units B-2; C-1, C-2, D-1 and D-2 house male residents. Throughout the tour of the facility the auditor noted PREA posters and the required posted Audit Notice.

SUMMARY OF AUDIT FINDINGS:

The PREA Coordinator has been working on implementation of PREA compliance measures over the past year for the Camden County Juvenile Detention Center. The facility has very thorough policy on PREA (Policy 4.22) and PREA related procedures. Although not all standards were initially fully met, staff and youth were aware of PREA and staff were committed to youth safety. Most importantly when asked, youth stated that they felt safe at the Camden County Juvenile Detention Center. There were very few corrective actions necessary and most were related to posting information on the facility's website

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.

CCJDC has a very thorough PREA policy (Policy #4.22 Prison Rape Elimination Act) and many other procedures related to PREA protective measures and reporting. They have appointed a PREA Coordinator who has been working tirelessly to address every standard. She has the authority to develop and oversee the efforts of the facility to prevent, detect, and respond to sexual abuse and sexual harassment. Although Officer Hairston has the complete backing of the CCJDC Administration, her position within the facility may not always give her the authority with her fellow officers for implementation.

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)

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 contract for the confinement of its residents with other private agencies/entities. However, as the facility has an informal "courtesy hold" process with Burlington County Juvenile Detention Center, the auditor recommended that the facility complete an agreement between each facility that they will comply with PREA Standards.

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)

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 CCJDC administration holds a quarterly staffing meeting in which they discuss staffing issues, promotions and training. However, they do not have a documented staffing plan or annual review. The annual review must outline the camera surveillance systems, staff coverage, adequacy of supervision and prevailing staffing patterns over this past year. The auditor did note that there were several instances up through November 2015 in which the CCJDC logged that they did not have sufficient staff to supervise and therefore the residents were locked down within their rooms.

The facility does have within the PREA policy the requirement to conduct and document unannounced rounds by the Shift Commander. This is a good practice however, the intent behind the standard was 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 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 must be implemented for night shifts as well as day shifts. The auditor recommended that the Superintendent, the Administrative Captain, the Chief of Operations and the PREA Coordinator conduct the rounds. Within days following the audit the facility provided the first of several documented unannounced rounds. In addition, they had not completed a staffing plan or an annual review. Those were posted to the website and reviewed by the auditor.

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 or cross-gender visual body cavity searches. The CCJDC requires through policy that a cross-gender search done in an emergency situation be documented. The facility does not conduct cross-gender pat searches by male staff of female residents. However, female staff have over the past year conducted a quick pat search of the pockets and legs of male youth when returning them to the housing area after activities in the main building. The facility received incorrect guidance on this standard, as there may have been a mix-up between adult standards with juvenile standards. There is not an exigent circumstance log documenting these cross-gender searches. Through the interview process both youth and staff stated that staff of the same gender conducts strip searches. Female youth stated they are never pat searched by male staff. Male youth and female staff confirmed that occasionally female staff may conduct a light (non-obtrusive) pat search of male residents.

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. Both staff and youth stated that very seldom are staff of the opposing gender on the housing unit. When staff of the opposing gender are in the housing unit, it is in the dayroom area and during times when showering or changing clothes would not be occurring. Typically only female staff work on the female unit. 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 medical records or through part of a broader medical examination by a medical practitioner.

The facility provides cross-gender search training through their video DMS system. Staff confirmed that they have recently attended and several demonstrated how a search of a cross-gender or transgender youth would be performed.

CORRECTIVE ACTION: The CCJDC administration stated they would immediately discontinue conducting pat searches by female staff of male residents. The auditor required that the CCJDC ensure that this action is documented and that all policies and training clearly identify that cross-gender searches of all types are only performed in emergency situations. The CCJDC provided the auditor policy PREA 115.315 General Order #2 with an effective date of 01/12/16, which explicitly prohibits all cross-gender searches to include pat searches of male residents by female officers except in emergency situations. The policy requires that all cross-gender searches completed in emergency situations be documented and the documentation form is attached to the policy.

Standard 115.316 Residents with disabilities and residents who are limited English proficient.

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

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

This standard requires that the facility administrator think ahead of how to effectively handle situations involving a youth who is limited English proficient or may have disabilities so that they may fully participate in protection efforts. They typically do not encounter this, but have identified staff members who are 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.

CORRECTIVE ACTION: The auditor required the facility secure an interpretive service available 24-7 that can assist in the intake process, screening process, education on how to report and if need be, translate during the investigative process. The CCJDC provided a contract agreement with the Language Line that is used by the New Jersey Juvenile Justice Commission. They provided training to staff on the availability of these services and that the contact numbers are posted in easily accessible areas for staff.

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)

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 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. They will be performing background checks upon promotion as well. The auditor greatly appreciated the facility's efforts to secure the criminal background checks for review. The CCJDC has not been performing Child Abuse Record Information (CARI) checks at the time of employment. 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.

CORRECTIVE ACTION: The auditor required that the CCJDC run a CARI check for all existing employees and contractors that were hired after August 20, 2013. The auditor required the facility add the following three questions on their application as well as a statement that they have a continuing duty to report.

1. Have you ever engaged in any sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?
2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse?
3. Have you ever been civilly or administratively adjudicated to have engaged in the activities described in the previous question?
4. Do you understand that you have a continuing duty to disclose any sexual misconduct throughout the terms of your employment?

The CCJDC provided the auditor the employment application with the appropriate statements as well as verification forms from the New Jersey Department of Children and Families for CARI checks on employees and contractors.

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.

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. They have camera systems in all key areas. Additionally, they have a secured entry door system that alerts within the main control when doors are opened and electronic monitoring in which they can hear (but not record) the conversations within rooms from the central control room. In the housing pods there is a small control panel to operate doors within the pods and monitor the intercom system. Residents can alert staff through the use of the intercom button.

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 Camden County Prosecutor's Office. Administrative investigations are conducted by the Administrative Captain. Both entities have completed training to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence.

Youth who have been victims of sexual assault are offered forensic exams by a Sexual Assault Nurse Examiner (SANE) at the Kennedy Hospital in Stratford. An advocate from SERV, a sexual violence crisis center serving Camden County, 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 Camden County Prosecutor's Office. The auditor recommends that the policy more clearly identifies the investigative process for criminal allegations and the investigative process for administrative allegations dealing with sexual harassment

The procedures are in place to notify the prosecutor's office and DCP&P for every incident of sexual abuse. There is written policy (PREA policy #4.22) that states all allegations of sexual abuse or sexual harassment are referred for investigation. This investigative policy must be published on the CCJDC website.

CORRECTIVE ACTION: The auditor required that they post the investigative policy on the facility website. This was completed and verified by the auditor.

<http://www.camdencounty.com/sites/default/files/files/Annual%20Website%20Review%20Information%2011916.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)

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.

CCJDC provides PREA training to all staff. The facility has very good records that include a roster 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 points outlined in the stand 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. The facility also uses a computerized training system, DMS, that allows the training officer the ability to roll out a new requirement, such as the recent NIC course on cross-gender searches. The staff review an electronic notice of the new training requirement. They are able to complete the course as time allows and their participation is electronically recorded.

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)

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.

CCJDC 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)

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 CCJDC 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 within 7 days they attend a class provided by PREA Coordinator that gives them more specific information. The PREA Coordinator holds the more comprehensive training every Tuesday. The youth also spoke about the information being readily available through the handbook and with posters everywhere throughout the facility.

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)

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 CCJDC staff do not conduct criminal sexual abuse investigations. The allegation is turned over to the 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. The Facility PREA Investigator (FPI) handles any non-criminal investigations and has received training through both the prosecutor's office and the PRC on-line investigators course Specialized Training for Investigators.

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)

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 nursing staff are contracted through the Center for Family Guidance (CFG). They were provided the National PREA Resource Center training Specialized Training: PREA Medical and Mental Health Standards as well as the basic PREA training provided to all staff. 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. 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)

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.

CCJDC has implemented their screening process. The Admission Juvenile Detention Officer (JDO) administers the screening for all incoming youth. The screening documents are secured within the medical 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)

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.

CCJDC 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)

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.

CCJDC 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, by telephone either to the DCP&P Abuse hotline number or a sexual abuse hotline to either the National Sex Assault Hotline or the Camden County Crisis Hot line, the NJ Immigration and Naturalization Service or the NJ Homeland Security. All of these numbers are provided to the youth. The youth may write a grievance. They can call parents or guardian, their DCP&P caseworker if one is assigned and their lawyer. They have multiple times throughout the week to call parents and can speak with their attorneys when a request is made. They can speak with the nurse privately at any time by simply making the request.

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

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

Residents may submit a grievance alleging sexual abuse or harassment without submitting it to a staff member that is subject of the allegation. The youth does not have to complete any other prior steps in order to submit a grievance for an allegation of sexual abuse. There is also no time limit on when a youth can submit a grievance regarding an allegation of sexual abuse. Youth may have assistance in completing a grievance from a third party, including another juvenile, a staff member, family members, their attorney or an outside advocate. Staff and youth interviews confirmed their knowledge of how the grievance process can be used to report sexual abuse and sexual harassment.

Standard 115.353 Resident access to outside confidential support services.

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

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

CCJDC provides advocacy services through SERV, a program of the Center for Family Services. SERV staff includes New Jersey State Certified Domestic Violence Response Team Advocates and Confidential Sexual Violence Advocates. Some youth stated they know that services are available because there are posters everywhere, but they do not really pay attention to them. If they need any support services, they could look at the posters, ask their family, the public defender, social worker or psych doctor if they need help through external support. In the resident handbook it states that the CCJDC provides access to outside victim advocates for emotional support services by providing posters and

CCJDC 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)

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 Camden County Juvenile Detention Center Parent Information book gives the parent information on PREA, the facility's zero tolerance directs parents and guardian that they can report to facility administrators at CCJDC and provides the phone number. It also states that any allegation of sexual assault to the Prosecutors Office. In addition, there is information posted in the lobby for third parties to report. This notice gives multiple points of contact as well numbers for the Administrator, Chief, National Sexual Assault Hotline, the DCP&P Institutional Hotline and the Camden County Crisis Hot Line number. However, reporting information is not available on the CCJDC website.

Corrective Action: The auditor required the CCJDC post on their website how to report sexual abuse and sexual harassment on behalf of a resident. The auditor recommended posting on the website all three options of notifying the DCP&P, the Camden County Prosecutor's Office and the CCJDC Administration. The auditor also recommended that the DCP&P and the Camden County Prosecutor's Office information should be in the Parent Information handbook. The CCJDC complied by positing all information on both the facility website and in the Parent Information handbook.

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.

CCJDC 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 Policy 4.22.

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, CCJDC staff promptly report the allegation to the DCP&P, the Camden County Prosecutor's Office, 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. Policy 4.22 requires that staff take immediate action to protect the juvenile who may be in substantial risk of sexual abuse and then immediately report the matter to the Administrator or designee.

Standard 115.363 Reporting to other confinement facilities

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

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

Through interviews with administrators there are procedures in place to appropriately act upon an allegation of sexual abuse reported by a resident while at another facility. This notification will be made from Superintendent to Superintendent, the action will be initiated no later than 72 hours and the action will be documented. There has been one recent incident that occurred 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.

CCJDC 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 policy and training 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. The auditor commends the CCJDC for bringing the Center for Family Services in to teach the PREA course to youth. This better enables the youth's rapport with the advocacy center in the event their services are needed.

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 Communications Workers of America, AFL-CIO. There is nothing within the collective bargaining agreement that precludes CCJDC 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 Chief of Operations and the Administrative Captain have been tasked 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.

The facility only uses segregated housing of residents as a means to keep them safe from sexual abuse or sexual harassment for a short period (less than 24 hours) to ensure that they are safe until alternate housing can be found. However, the auditor recommends that staff work on always thinking first to remove the suspected abuser rather than the alleged victim.

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. 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 must notify the resident as to whether the allegation was substantiated, unsubstantiated or unfounded. Policy 4.22 requires that the resident be informed by the Superintendent or designee of the outcome of an allegation. Additionally, the Superintendent or designee is required to inform a resident of the status of a case against a staff member or other resident. Policy requires all notifications to be documented. However, the facility does not show the method of documentation.

CORRECTIVE ACTION: The auditor required the facility provide the auditor the form used to document notice to residents the outcome of an investigation. This form was provided to the auditor on 01/21/16.

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 CCJDC 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 Admissions JDO completes a screening interview youth upon arrival. They report any previously unreported sexual abuse via the shift supervisor to DCP&P and then forwards the screening information to medical. In addition, both medical staff and the Social Worker conduct assessments 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. On-site nursing evaluates and makes a referral to the facility physician or nurse practitioner for referral 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 Kennedy Hospital in Stratford. 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.

There have been no substantiated cases of sexual abuse to review. The Administrators stated the review would include the Superintendent, the Chief of Operations, and the Administrative Captain. All documented reviews would be forward to the PREA Coordinator. The auditor recommends that the PREA Coordinator, the nurse and the Social Worker be included on the incident review process and that a specific form be developed to document the incident reviews to ensure the recommended questions from the standard are answered in each incident review.

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.

Data is collected and aggregated annually. The facility collects uniform data for all allegations of sexual abuse based on incident reports and investigation files.

Standard 115.388 Data review for corrective action

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

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

The facility had not held an annual review of data or prepared an annual report. This review should be attended by all upper level managers and should report findings and corrective actions as well as the progress made through the previous year in addressing sexual abuse.

Corrective Action: The auditor required the facility prepare an annual report assessing the facility's progress in addressing sexual abuse and post this annual report on the agencies website. The facility conducted their annual review and posted it at the following location:

[http://www.camdencounty.com/sites/default/files/files/Facility PREA review 2015.pdf](http://www.camdencounty.com/sites/default/files/files/Facility%20PREA%20review%202015.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 not completed and posted data to their website. Data collected is retained via limited access and through a secure server for at least ten (10) years.

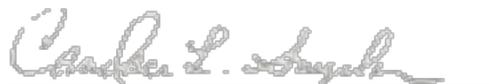
CORRECTIVE ACTION: The auditor required the facility post PREA related data on the detention facility's website. They completed this and the information can be found at the following link:

<http://www.camdencounty.com/sites/default/files/files/Annual%20Website%20Review%20Information%2011916.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

February 8, 2016

Date