

PREA AUDIT: AUDITOR'S SUMMARY REPORT

COMMUNITY CONFINEMENT FACILITIES



Name of facility: The Albert M. "Bo" Robinson Assessment and Treatment Center			
Physical address: 377 Enterprise Avenue - Trenton, NJ 08638			
Date report submitted: August 26, 2014 Revised: September 10, 2014			
Auditor Information			
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Date of facility visit: August 11 - 12, 2014			
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number:			
The facility is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input checked="" type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community based confinement facility	<input checked="" type="checkbox"/> Other:
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
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Name of PREA Compliance Manager (if applicable):		Title:	
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Agency Information			
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Governing authority or parent agency: <i>(if applicable)</i>			
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AUDIT FINDINGS

NARRATIVE:

Karl Klein (Asst. Facility Director) and Ardith Stone (Facility Program Director) greeted me on the first day of the audit (August 11, 2014) and proceeded to take me on a tour of Bo Robinson Assessment Center. We were joined by Community Education Centers, Inc. executive staff John Clancy Jr. (Executive Assistant) and Scott Faunce (Corporate PREA Coordinator). Our tour consisted of all areas within the secure perimeter of the facility. During the tour I was able to talk with multiple residents and staff. Residents seemed to have a high comfort level with regard to their personal safety. They (residents) further indicate that staff of the opposite gender announce their presence when entering living areas and have adequate privacy. Residents indicated that staffing levels during my tour are consistent with the norm. There was no indication that inmates are in positions of authority over other inmates. Logs and staff contacts reflect that supervisory staff make rounds and are visible in the living units. PREA posting and signage were placed in high traffic areas and other areas of public posting. Inmate telephones were located in the individual (multi bed) rooms. It was noted that some (at least 3) of the phones were inoperable. Mr. Klein advised that if a phone was not operable residents could enter in to another room to use that phone. As resident access to phones is key to several standards under review it is recommended by this auditor that maintenance of resident telephones be given a higher priority. I did have an operable phone tested to assure connections with the posted PREA hot line and it did connect to the appropriate service. Showers in building 1 are in a long room between living areas. There are no stalls. While this (lack of stalls) may detract from personal privacy it does provide a clear line of sight for security staff making rounds. It is imperative that security rounds are being made in this area. I was told that a staff member was assigned to "roam" these and other adjacent living areas. I observed a staff member making rounds accordingly. The only blind spots of concern to me are the dressing areas between the shower area and toilet area (also building 1). I have no solution to this concern so don't offer one. Surveillance cameras would be a violation of privacy. Removal of the rooms would most likely compromise the physical plant as well as eliminate the only personal dressing area available. Again, good supervision of these areas is key to resident safety. Inmate and staff morale seemed appropriate for the setting. Staff were aware of their responsibilities and gave appropriate answers to questions I posed regarding their respective duties under PREA. Resident medical, intake, and clinical files appeared to be secured and well controlled. Following the tour Mr. Klein assisted me with selecting random resident and staff interviews. I selected 10 persons randomly from each group. I interviewed one additional resident who had requested a personal interview during my rounds (and which will be discussed further in this report). I had began interviewing targeted staff prior to the audit via telephone. I completed the targeted staff interview process during the audit. It should be noted that this auditor was shown great hospitality during the two day audit and the staff I had pleasure of interacting with were extremely helpful to me in this process.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Bo Robinson consists of three buildings that are all connected via enclosed walk ways. The complex began with a one story commercial use structure that was renovated and opened as a halfway house in early 1997. Three years later a second two story building was added that increased both population capabilities as well as program options. The facilities mission changed from a half-way house to an assessment center. In 2009 a third building was added. This building has three levels and now serves as the primary structure within the complex. The buildings are numbered 1,2, and 3 in correlation with the time frames in which they opened. All living units contain multiple bed rooms with access to a shower and toilet area. Additionally, each living area has a multi purpose area. A recreation yard wraps around the back and sides of the complex and has a perimeter of double detention grade fencing. Separation of the recreation yard for co-ed use is achieved via additional fencing adjacent to the building but still within the secure perimeter. A single security grade fence provides containment in the front of the building with security turnstiles used for controlled access and egress. Building 1 contains a men's dining area, lecture hall, and personal property storage. Building 2 contains female living units, kitchen, dining area, a multi purpose room, medical unit, and the resident intake area. Building 3 has three living units for males and one living unit for females. There is sight and sound separation between male and female living and activity areas. Separation on the recreation yard area is achieved via fencing as well as scheduling. A gymnasium is in building 3 with scheduling providing separation of the male and female populations. Additionally, building 3 contains administrative office areas, a resident law library, classification, resident computer lab, central control, and the public reception area. In total the facility has 974 beds with a count of 632 at the time of audit. The facility employs 176 staff (at time of audit). The surveillance system consists of 153 cameras and a state of the art monitoring station within the central control area. Education & Health Centers of America, a private nonprofit organization, operates the facility. Contracting authorities include the New Jersey Department of Corrections, Mercer County, Gloucester County and the New Jersey State Parole Board. While the facilities primary task is providing assessment of the resident population, it also provides extensive programming and therapy options. The resident population is classified as minimum security.

SUMMARY OF AUDIT FINDINGS:

The facility was measured against the 39 PREA standards established for Community Confinement Facilities. Of these 39 standards this auditor determined that 37 were applicable to Bo Robinson. Of the 37 applicable standards, the facility meets compliance with 36 standards and exceeds 1 standard. There are no standards rated as "not met". Accordingly, this auditor finds that the facility meets PREA requirements for a Community Confinement Facility.

Number of standards exceeded: 1

Number of standards met: 36

Number of standards not met: 0

Number of Standards Not Applicable: 2

115.211 – 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 comments, including corrective actions needed if does not meet standard

Community Education Centers (C.E.C.) has developed policy and procedure (PREA 1200.06) that has also been localized at the facility with the same reference number. PREA 1200.06 mandates a zero tolerance policy toward all forms of sexual abuse and sexual harassment and provides language describing the agency's approach to preventing, detecting, and responding to such conduct. C.E.C. has a dedicated position (PREA Coordinator) for purposes set forth in this standard. This individual is at the executive level in the corporate table of organization and according to his personal interview has the time and authority to achieve his task. The facility has concomitantly assigned PREA Coordinator duties to the Assistant to the Facility Director. This individual has dedicated time and sufficient authority to exercise her duties. The facility meets 115.211.

115.212 – Contracting with other entities for the 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)
- Not Applicable

Auditor comments, including corrective actions needed if does not meet standard

Education & Health Centers of America, a private nonprofit organization, is the contractor with the NJDOC. EHCA, a non-profit entity, then subcontracts with Community Education Centers. This standard is not applicable.

115.213 – 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 comments, including corrective actions needed if does not meet standard

The facility does have a staffing plan that is complemented by a video surveillance system. An annual review conducted by the corporate PREA coordinator in concert with facility executive staff to do, among other tasks, review the staffing plan. All components for consideration within this standard are addressed in the documented review. The facility is required by contracting authorities to maintain constant staffing levels. When vacancies do occur and on duty staff numbers are inadequate, the facility utilizes overtime to fill vacant positions. Consequently, there are no deviations to the plan. The facility meets PREA 115.213.

115.215 – 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 comments, including corrective actions needed if does not meet standard

C.E.C. PREA 1200.06 addresses the prohibition on cross gender strip or body cavity searches in a manner consistent with this standard. Staff announce their presence in living units housing the opposite gender. The policy and procedure in reference is consistent with this standard in that it enables residents to shower, perform bodily functions, and change clothing as required by this standard. Random resident interviews support compliance with regard to the level of privacy afforded. C.E.C. PREA 1200.06 further prohibits the search or physical examination of a transgender or intersex resident for the sole purpose of determining genital status. Staff are trained in how to conduct cross-gender pat down searches, and searches of transgender and intersex residents as required by the standard. The facility meets PREA 115.215.

115.216 – 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 comments, including corrective actions needed if does not meet standard

The facility orientation process and ongoing education of residents with regard to PREA employs bi-lingual materials, inclusive of handbooks, handouts, video, and signage. The facility has staff who can interpret or the facility can utilize an interpreter service. Where handicap is an issue, staff are advised to read the material to the resident or otherwise notify the Facility Director of the problem, who will in turn make sure proper arrangements are made to provide adequate communication. Resident interpreters are prohibited with regard to the intent of this standard (RE: C.E.C. PREA 1200.06). The facility meets PREA 115.216.

115.217 – 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 comments, including corrective actions needed if does not meet standard

C.E.C. PREA 1200.06 and the localized version guide the hiring and promotion process as required by this standard. The facility does have a system in place to assure all new hires as well as contractors and volunteers with who may come into contact with residents receive a background check that will identify any criminal activity as identified in part (a) of the standard. Additionally, the facility will make the effort to check with previous employers, to among other considerations, determine whether there is a history of sexual harassment or abuse, regardless if the person tendered a resignation or otherwise left the position during a pending investigation regarding such activity. The facility will cooperate with other entities accordingly. Background checks for employees as well as contractors and volunteers with resident contact are scheduled on a 5 year cycle. The most previous background check is considered prior to promoting an employee. Employee annual reviews include pertinent questions regarding any PREA prohibited activity during the course of the year. In all cases, material omissions or providing false information may be grounds for termination. 

115.218 – 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)
- Not Applicable

Auditor comments, including corrective actions needed if does not meet standard

The facility has not had substantial expansion or modification to the physical plant within the past reporting period. The facility is upgrading the video surveillance system in building 2 at the time of inspection. Secondary documentation reflects that the facility administration believes replacement of an existing 16 camera system with 16 new cameras providing monitoring capabilities in the central control area (staffed 24 hours) will improve surveillance and resident / staff safety accordingly. The new system has a better record capability. Also, secondary information reflects that adjustments are being made to some surveillance cameras relative to coverage. The facility does review surveillance technology and takes action when security reviews reflect the need for additional hardware, software, and line of sight. Given the emphasis placed on monitoring technology, this auditor rates the facility as exceeding requirements of PREA 115.218. +

115.221 – 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 comments, including corrective actions needed if does not meet standard

The facility does not conduct forensic examinations. The facility utilizes a SART site at a local hospital (Helene Fuld Medical Center). New Jersey State law requires that SART teams be comprised of at least one SANE trained staff (RE: N.J.S.A. 52:4B-50). The same state law in reference requires that a rape advocate will be present to provide crisis intervention and emotional support throughout the medical and investigative process if requested by the victim. The facility does have a Memorandum of Understanding with an organization that will dispatch a sexual assault response team to the hospital to provide emotional support if the resident is not comfortable speaking to a member of Bo Robinson's trained counseling staff. Additionally, the MOU provides for referral for continued rape crisis counseling services as needed. The New Jersey Department of Corrections does investigator follow-up on the +

115.222 – 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 comments, including corrective actions needed if does not meet standard

Facility Policy (PREA 1200.06) provides language that is consistent with the requirements of this standard. The facility has made two referrals this past reporting period to NJDOC (SID) which has legal authority to conduct criminal investigations. NJDOC is on record as training its investigators in PREA protocols and has made appropriate notifications on its web site. Two other contracting authorities are also subject to such referrals should respective residents be involved in sexual abuse or harassment. Inquiries have been made regarding credentials for such investigations absent an affirmative response. A review of web sites reflect no indication of PREA protocol or adherence. The facility meets PREA 115.222.

115.231 – 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 comments, including corrective actions needed if does not meet standard

The facility provides training to all employees that addresses all required points of information as identified within the standard. Training is tailored to the gender of the residents. It is noted that this is a co-ed facility. Training is updated annually and is certified by employee signature that the recipient understands the training received. The facility meets PREA 115.231.

115.232 – 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 comments, including corrective actions needed if does not meet standard

C.E.C. PREA Policy 1200.06 provides language that requires volunteer and contractor training by conducted and certified in a manner consistent with this standard. Secondary documentation serves to support compliance. Volunteers are also issues a handbook with PREA related regulations and responsibilities that the volunteer signs for with acknowledgment of understanding the document. Contractors are required to view a training video "Facing Prison Rape" as part of the training process. Finally, a statement on the contractor sign in log provides PREA requirements and responsibilities that are consistent with this standard and indicates that by signature they (contractor) acknowledge the information. The facility meets PREA 115.232.

115.233 – 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 comments, including corrective actions needed if does not meet standard

During the intake process all residents receive a copy of the resident handbook containing a statement of the facilities zero tolerance policy and how to report sexual abuse, sexual harassment and related activity as provided in the standard. A handout is also provided at initial intake with PREA related information including reporting options. The facility has an orientation process inclusive of a PREA related video (Speaking Up and / or Facing Prison Rape). All materials are provided in bi-lingual format and provisions are made for handicapped residents to assure that they have access to required information. Residents sign for the handbook and also sign that they have received orientation training. The facility alerts residents to changes in the handbook via bulletin and have posters / signage guiding report of sexual abuse and / or harassment. Secondary documentation supports compliance. Random Resident Interviews support compliance. The facility meets PREA 115.233.

115.234 – 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)
- Not Applicable

Auditor comments, including corrective actions needed if does not meet standard

The facility does not conduct any form of criminal or administrative sexual abuse investigations. This standard is not applicable to the facility.

115.235 – 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 comments, including corrective actions needed if does not meet standard

Medical and mental health practitioners at the facility receive generalized PREA training that is delivered to all staff as well as additional training specific to medical and mental health roles. This additional training addresses all points of information directed by the standard. Facility medical staff do not conduct forensic examinations. Training curriculum and signed logs document the content and receipt of training. The facility meets PREA 115.241.

115.241 – 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 comments, including corrective actions needed if does not meet standard

C.E.C. PREA 1200.06 requires assessment of residents as specified within the standard. Time frames are procedurally in compliance and a review of files reflect timely follow up. The assessment instrument used is objective and takes into account the residents personal opinion regarding vulnerability. The form addresses all points of information contained in part (d) of the standard. The policy in reference as well as a staff interview (staff completing risk assessment) support compliance. Secondary documentation reflects an automatic review of new residents within 30 days of the first. Re-assessments can also be initiated as a result of new information or reports received. The policy in reference also prohibits disciplining a resident for failure to provide full or truthful information during the assessment process in a manner consistent with this standard. Sensitive information is maintained in a secure fashion as witnessed by this auditor and as required by PREA 1200.06. The facility meets PREA 115.242.

115.242 – 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 comments, including corrective actions needed if does not meet standard

C.E.C. PREA 1200.06 and its local equivalent requires that information received as part of the risk screening process shall be used in decisions regarding housing, bed, work, and other assignment and / or programming decisions. The intent is to separate those residents with a high risk of victimization with those for a high risk of sexual abusiveness. Secondary documentation and memorandum serve to support compliance. Determinations are individualized and the resident's opinion is valued as part of the process. While the facility reported no transgender or intersex residents on count during the audit, facility protocol allows separate showers. There is no special housing for residents identified as L.G.B.T.I. The facility meets PREA 115.242.

115.251 – 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 comments, including corrective actions needed if does not meet standard

The facility does allow multiple internal and external avenues for the report of sexual abuse, sexual harassment, and related activity. The resident handbook provides reporting instructions to external sources. These PREA related hot line numbers are also identified on posters placed in high visibility areas. The NJDOC Office of Ombudsman provides third party reporting capabilities wherein telephonic reports from residents regarding sexual abuse and harassment are immediately conveyed to both the facility and NJDOC (SID) for appropriate response. Posters provide contact information. Staff have a corporate ethics hot line number that they can utilize for private reports. Anonymity is allowed in all cases. Staff receive training as required by C.E.C. PREA 1200.06 with regard to reporting duties and records reflect training is consistent with the requirement. The facility meets PREA 115.251.

115.252 – 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 comments, including corrective actions needed if does not meet standard

The facility has addressed the filing of grievances in both its policy PREA 1200.06 as well as the resident handbook. Both comport to all components of this standard. There have been no such grievances filed this past reporting period so there is no secondary documentation for review. It should be noted that the handbook was updated with pertinent grievance procedures relative to PREA shortly before this on site audit. Residents were provided with personal copies of the changes for which they signed receipt. All new residents will receive the updated handbook. The exhaustion of administrative remedies can be initiated by third party. Provisions for emergency grievances are described as well as action that will be taken to protect a resident in imminent at substantial risk of imminent sexual abuse. The facility meets PREA 115.252,

115.253 – 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 comments, including corrective actions needed if does not meet standard

The facility provides residents with contact information for multiple confidential support services. A handout provided at intake provides addresses and phone numbers for such services. Posters also provide contact information. The resident handbook provides phone numbers for the NJ Sexual Assault Hotline, the Mercer County WomanSpace advocacy service, and the NJ Coalition against Sexual Assault. Residents are advised if the call is monitored via a recorded announcement prior to the call being connected. While the agency has no MOU with confidential support services, it has made a documented effort. The facility meets PREA 115.253.

115.254 – 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 comments, including corrective actions needed if does not meet standard

The C.E.C. web site provides contact information and protocol for persons wanting to make a third party report of sexual abuse and sexual harassment on behalf of a resident. The facility meets 115.254.

115.261 – 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 comments, including corrective actions needed if does not meet standard

The facility policy on PREA (1200.06) provides language consistent with the requirements of this standard. All staff are trained accordingly. Problematic to compliance is an incident that occurred this past reporting period in which a female resident groped another residents bare breasts as she (victim) was preparing to shower. The victim reported this to the staff member on duty in the living unit. The staff member ignored facility policy and training and proceeded to handle the situation informally. She did not assure separation of the two and did not make an immediate report. A supervisor reviewing written reports the following morning realized the problem and took immediate remedial measures. Separation (the 2 were assigned in the same living area) was effected and appropriate referrals / notifications were made in a manner consistent with this standard. A medical exam of the victim showed no sign of injury. Both individuals were removed to the contracting authority pending NJDOC SID investigation. That investigation has not been closed. The victim was later returned to Bo Robinson. I interviewed her during the on site audit and she did express concern.

115.262 – 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 comments, including corrective actions needed if does not meet standard

C.E.C. PREA 1200.06 and its localized version both provide language that is consistent with the requirements of this standard. Additionally, the resident handbook advises residents of this requirement. Staff interviews reflect good knowledge of the expectation. The facility meets PREA 115.262.

115.263 – 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 comments, including corrective actions needed if does not meet standard

C.E.C. PREA 1200.06 provides language consistent with the requirements of this standard. An interview with the Facility Administrator supports compliance accordingly. The facility advises that there were no occurrences (of receiving notification that a resident was sexually abused while confined at another correctional center) this past reporting period. The facility meets PREA 115.263.

115.264 – 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 comments, including corrective actions needed if does not meet standard

C.E.C. PREA 1200.06 and its localized version address all components of the standard. Training is consistent with all points of information within the standard and a review of training curriculum support that training is consistent with standard expectations. There have been two (2) reported cases of sexual abuse in the past reporting period. One was handled poorly by the first responder. That incident is described in detail in comments for 115.261 of this report. The second incident was handled in a manner consistent with this standard. A female resident claims that a second female entered her (multi occupancy) room to use the phone. Instead she approached her and began to "hump" her leg. Both residents were clothed. The resident reported it to a staff member who immediately reported it to the shift supervisor. Separation of the residents was effected and appropriate referrals and medical follow-up was made. There were no injuries. The perpetrator was immediately charged administratively and returned to the contracting authority (NIDOC). NIDOC SID is investigating the incident. The facility meets PREA 115.264.

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115.265 – Coordinated response.

- 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 comments, including corrective actions needed if does not meet standard

Bo Robinson PREA Policy 1200.06 has been developed to coordinate actions taken in response to an incident of sexual abuse. The response plans provides a coordinated effort by all disciplines involved in the reaction to and handling of such incidents. The facility meets PREA 115.265.

115.266 – 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 comments, including corrective actions needed if does not meet standard

The facility has not entered in to nor has it renewed any collective bargaining agreements this past reporting period. C.E.C. PREA 1200.06 provides language that restricts entering into or renewal of agreements that would be inconsistent with this standard. An interview with the corporate Director of C.E.C. confirms compliance with this standard. The facility meets REA 115.266.

115.267 – 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 comments, including corrective actions needed if does not meet standard

C.E.C. PREA 1200.06 and the local equivalent address agency protection against retaliation in a manner consistent with this standard. The facility has designated their unit managers (8 total) as the persons responsible for monitoring for possible retaliation withing their respective areas of responsibility. There have been two resident victims who have met conditions for monitoring requirements. One had been removed to the contracting authority (NJDOC) and was returned to Bo Robinson absent notification from NJDOC. At the time that the facility realized she had been placed back on count appropriate monitoring contact was made and is reflected on a monitoring form. The second victim remained at the facility and monitoring records reflect timely contact with monthly reviews thereafter. Records reflect no concerns with either person relative to retaliation. An interview with one of the monitoring coordinators reflects compliance. This individual indicated that they have a tracking system in place to assure contact (Secure Manage). The coordinator also indicated that contacts are face to face. The facility meets PREA 115.267

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115.271 – 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 comments, including corrective actions needed if does not meet standard

The facility does not conduct investigations into allegations of sexual abuse and sexual harassment. Such investigations are conducted by contracting authorities NJDOC, Gloucester County, and Mercer County. Investigations completed this past reporting period were all by NJDOC (SID). C.E.C. PREA Policy 1200.06 reflects consistent language regarding the facilities role in complying with the standard. NJDOC ADM. 006.011 (Investigations by SID), MED.MLI.007 (Sexual Assault), and MED.MLI.005 (Forensic Specimens) reflect solid adherence to PREA investigative protocols. Both of the counties have been contacted regarding their protocol and training absent a response. Both investigations conducted this past reporting period are still active, consequently there is little in the form of secondary documentation for this auditor to review except the original referrals from the facility. The facility meets PREA 115.271.

115.272 – 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 comments, including corrective actions needed if does not meet standard

C.E.C. PREA 1200.06 mandates evidentiary standards for administrative investigations in a manner consistent with this standard. NJDOC policy and procedure is consistent with requirements of PREA investigative protocols. There is no secondary documentation available for review at the time of audit. The facility meets PREA 115.272.

115.273 – 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 comments, including corrective actions needed if does not meet standard

C.E.C. PREA 1200.06 contains language demonstrating compliance with all elements of this standard. There are two (2) active investigations relative to sexual abuse. As neither case has been brought to closure there has been no occasion to notify the complainants of the case outcome. There have been no resident allegations of sexual assault or sexual abuse leveled against staff. Absent completed investigations and / or criminal indictments there is no secondary documentation for review. The facility meets PREA 115.273.

115.276 – 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 comments, including corrective actions needed if does not meet standard

C.E.C. PREA 1200.06 provides for staff disciplinary actions for violation of agency sexual abuse or sexual harassment policies in a manner consistent with this standard. An interview with the Assistant Facility Administrator serves to support compliance. There have been no reported cases of such staff misconduct this past reporting period. The facility meets PREA 115.276.

115.277 – Corrective action 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 comments, including corrective actions needed if does not meet standard

C.E.C. PREA 1200.06 provides for corrective action for contractors and volunteers. Such individuals who engage in sexual abuse are prohibited from contact with residents and shall be reported to the appropriate law enforcement authority unless the activity was clearly not criminal. Additionally, credentialed contractors or volunteers would be reported to their licensing bodies. Remedial measures are consistent with the language of the standard. There have been no reported cases of contractor or volunteer misconduct with regard to sexual abuse or sexual harassment this past reporting period.

115.278 – 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 comments, including corrective actions needed if does not meet standard

While Bo Robinson PREA 1200.06 provides language consistent with this standard and does administer disciplinary sanctions for residents, there is no secondary documentation available for review. In practice, resident perpetrators of sexual abuse, harassment, or other violations of the zero tolerance policy are sent back to the contracting authority where the disciplinary track begins. The facility meets PREA 115.278.

115.282 – 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 comments, including corrective actions needed if does not meet standard

Resident victims of sexual abuse The facility utilizes a SART site at a local hospital (Helene Fuld Medical Center) for emergency medical services related to a sexual assault. New Jersey State law requires that SART teams be comprised of at least one SANE trained staff (RE: N.J.S.A. 52:4B-50). Crisis intervention services are offered either by trained facility staff or via an advocacy service that will respond to the hospital. There is an MOU in place for the service. Bo Robinson PREA 1200.06 contains language that satisfy all elements of this standard. Services offered are free of charge to the resident. The facility meets PREA 115.282.

115.283 – 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 comments, including corrective actions needed if does not meet standard

Ongoing medical and mental health care for sexual abuse victims and abusers is provided by C.E.C. PREA 1200.06 and its local equivalent. The facility has qualified mental health personnel on staff to carry out this mission. Referrals to community based mental health or crisis intervention is an option. There have been no abuse cases this past reporting period that involved penetration, however C.E.C. PREA 1200.06 provides for pregnancy tests, access to lawful pregnancy related services, and tests for sexually transmitted infections. The policy in reference reflects that such services will be without financial cost to the victim. It should be noted that SART protocols at the community medical facility utilized has consistent protocols with requirements of this standard. The facility meets PREA 115.283.

115.286 – 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 comments, including corrective actions needed if does not meet standard

C.E.C. PREA 1200.06 and the local equivalent provide for sexual abuse incident reviews in a manner consistent with this standard. There have been two (2) sexual abuse incidents referred for investigation (NJDOC - SID) and neither have been closed. The standard requires a post incident review within 30 days of conclusion of the investigation. Accordingly, there has been no such comprehensive review. It should be noted that the facility did utilize the review team and format subsequent to one incident where a staff member did not follow established procedure in reporting an incident. The resulting recommendation from that review was to re-train staff in reporting of PREA related incidents. Documentation supports follow up. The facility meets PREA 115.286.

115.287 – 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 comments, including corrective actions needed if does not meet standard

C.E.C. PREA 1200.06 supports compliance with all provisions of this standard. According to an interview with the corporate PREA coordinator, Community Education Centers, Inc. collects data for every allegation of sexual abuse at the 43 facilities it operates. C.E.C. has developed a standardized instrument with definitions that has been reviewed by this auditor. The facility aggregates incident based sexual abuse data annually as provided by the policy in reference as as reflected by the C.E.C. web posting of that information. C.E.C. meets PREA 115.287.

115.288 – 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 comments, including corrective actions needed if does not meet standard

C.E.C. PREA 1200.06 guides data review for corrective action as specified by this standard. Interviews with corporate level staff members (inclusive of corporate Director and PREA coordinator) support compliance with this standard. It should be noted that the first aggregate report was posted in December of last year. There has not been opportunity to compare annual reports at time of this audit. The report is published on the C.E.C. web site. The facility meets PREA 115.288.

115.289 – 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 comments, including corrective actions needed if does not meet standard

C.E.C. PREA 1200.06 provides retention schedules for sexual abuse data as specified by this standard. An interview with the corporate PREA Coordinator serves to support compliance with this standard. The agency does post the aggregate report on its web site and does remove all personal identifiers in a manner consistent with this standard. The facility meets PREA 115.289.

AUDITOR CERTIFICATION:

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

Auditor Signature

Date