

**PREA AUDIT REPORT   ☐ Interim   ☒ Final  
COMMUNITY CONFINEMENT FACILITIES**

**Date of report:** July 11, 2015

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> 07/13/2015 - 07/15/2015			
<b>Facility Information</b>			
<b>Facility name:</b> Arapahoe County Residential Center			
<b>Facility physical address:</b> 2135 W. Chenango Ave. Littleton, Co 80120			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 303-795-6967			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Community treatment center		<input type="checkbox"/> Community-based confinement facility
	<input type="checkbox"/> Halfway house		<input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center		<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Stephanie Allington			
<b>Number of staff assigned to the facility in the last 12 months:</b> 16			
<b>Designed facility capacity:</b> 206			
<b>Current population of facility:</b> 84			
<b>Facility security levels/inmate custody levels:</b> Minimum			
<b>Age range of the population:</b> 18-70			
<b>Name of PREA Compliance Manager:</b> Joline Martinez		<b>Title:</b> Operations Manager	
<b>Email address:</b> joline.martinez@cecintl.com		<b>Telephone number:</b> 303-795-6967	
<b>Agency Information</b>			
<b>Name of agency:</b> Community Education Centers, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Colorado Department of Corrections			
<b>Physical address:</b> 35 Fairfield Pl., West Caldwell, NJ 07006			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 973-226-2900			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> James Hyman		<b>Title:</b> Chief Executive Officer	
<b>Email address:</b> james.hyman@cecintl.com		<b>Telephone number:</b> 973-226-2900	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Kenneth Moss		<b>Title:</b> Quality Management Specialist-Western Region	
<b>Email address:</b> kenneth.moss@cecintl.com		<b>Telephone number:</b> 719-235-0727	

## **AUDIT FINDINGS**

### **NARRATIVE**

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Arapahoe County Residential Center (ACRC) was conducted July 13 to July 15, 2015. The 39 standards used for this audit became effective August 20, 2012. As part of the audit, a review of all PREA policy and a tour of the facility was completed. Prior to the on-site visit, the auditor held a conference call with the Corporate PREA Coordinator and Director to discuss the Pre-Audit Questionnaire and supporting documentation. At the time of this audit the facility employed 19 staff. The resident population was 84 during the course of the audit. Nine residents were interviewed (including two Disabled, one Resident Who Disclosed Sexual Victimization During Risk Screening, and one Bi-sexual Resident). There were no Limited English Proficient, Transgender, Intersex, or Illiterate Residents housed at the facility. Five Random (selected) Residents were also interviewed. No incidents of sexual abuse or sexual harassment were reported to the auditor from any resident. The facility reported two allegations of sexual abuse/sexual harassment occurring within the last twelve months, and they were investigated (one allegation was substantiated, the other was unsubstantiated). A total of 16 staff were interviewed. Six security/treatment staff (from all shifts) and seven specialty staff were interviewed. Interview documentation was obtained for the Senior Vice President (agency head), and the Western Region Corporate PREA Coordinator was personally interviewed. The Specialized Staff interviewed included the Director, the Operations Manager (local PREA Compliance Manager), the Human Resources Manager (HRM), an Intake Staff member, three Case Managers, an Incident Review Team member, an Investigator, and the Retaliation Monitor. A SAFE (Sexual Assault Forensic Examiner) nurse, two Contractors, and two Volunteers were also interviewed by phone. When the auditor first arrived at the facility, an "in-briefing" was held with the Director, Corporate PREA Compliance Coordinator, and Operations Manager, to explain the audit process. During the course of the audit, any potential problems or recommendations were immediately brought to the attention of the Director, and a daily briefing of the audit progress was also held.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The mission statement of Community Education Centers Inc. (CEC), which applies to the ACRC, is to provide a healthy, drug-free, safe and secure environment within which staff will provide treatment and education services that focus on changing addictive and criminal behaviors. The main purpose of this program is to provide a transition from prison to full integration back into the community. CEC will provide participants with the knowledge and skills necessary to lead a productive lifestyle prior to reintegration into their communities. The ACRC program consists of a 206 bed facility (one building) for adult females (referred from the Colorado Department of Corrections, state parole violators, or direct court commitments). The facility is located in a commercial/industrial area of Littleton, Colorado, and is accredited by the American Correctional Association. The center has been in operation for 9 years and had previously been owned by another private corrections company. The facility addresses the re-entry needs of each resident individually and utilizes the Community Education Center's continuum of care model that has been proven to reduce recidivism. Residents participate in this program usually 6 - 9 months, but may stay much longer. Services include mental health counseling, substance abuse treatment, medical treatment, anger and stress management techniques instruction, and life-skills training. Additional services include individual assessment programs, employment assistance, and housing placement. Residents receive these services at the facility or in the community. Meals are cooked at the facility. Residents are allowed to possess cell phones. The facility utilizes 19 cameras (with recording capabilities) to monitor activities, and the auditor found no "blind spots" (areas lacking adequate camera coverage or staff supervision) during the tour. Living areas consist of multiple occupancy dormitory-style rooms with shared showers and bathrooms. The facility also has classrooms, leisure activity areas, and a visiting room.

## **SUMMARY OF AUDIT FINDINGS**

When the on-site audit was completed, an “out-brief” meeting was held with the same staff attending the “in-brief”. No final rating was given at that time, however, the overall audit process was discussed. The auditor had been provided extensive and lengthy files of documentation prior to the audit, in an effort to support a conclusion of compliance with the PREA. During the course of the on-site visit, staff were found to be courteous, cooperative, and professional. All areas of the facility toured were found to be very clean and well maintained. At the conclusion of the audit the auditor thanked the ACRC staff for their hard work and commitment to the PREA. A summary of the audit findings are listed below:

Number of standards exceeded: 2

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2

**Standard 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 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.**

CEC 1200.06 clearly addresses this standard. The facility PREA Plan states zero tolerance as required by the standard. In addition to the facility PREA Compliance Manager, there is a designated Corporate PREA Coordinator, who also oversees compliance to zero-tolerance. Interviews with staff and residents confirmed the zero-tolerance standard is in place and covered in training. The local PREA Compliance Manager stated she has sufficient time to complete her duties.

**Standard 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)

**N/A - Not Applicable**

**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.**

Not applicable - CEC does not contract with other entities for the confinement of residents.

**Standard 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 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.**

CEC policy 1200.06 addresses this standard. Policy requires each facility within the agency to review their respective staffing plans on an annual basis. The staffing plan is reviewed annually, taking into consideration the 206 bed capacity. Compliance to the PREA and other safety and security issues are always of primary focus when considering and reviewing staffing plans according to the facility Director. The ACRC has been provided all necessary resources to support the programs and procedures to ensure compliance with the PREA. The audit included an examination of all resident access to phones, housing assignments, and a review of all staffing rosters. “Rounds” (visits) are conducted by administrative staff on a daily basis, and supervisors are able to enter the unit with no warning to line staff. Also, interviews with residents and line staff confirmed that visits are conducted on an irregular basis, by administrative staff, to all areas of the facility. Resident Managers (similar to a corrections officer) make “rounds” in a manner to provide excellent supervision. The video monitoring program (cameras) is sufficient to provide additional surveillance to ensure resident safety. Documentation supporting compliance to this standard was reviewed by the auditor.

#### **Standard 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 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.**

CEC policy 1200.06 addresses this standard. The facility does not allow cross-gender strip searches. All staff reported that they received cross-gender pat search training (including how to search transgender and intersex residents) during institution familiarization training, by watching a mandatory video, and during annual refresher training. Resident Managers and interviewed residents reported that residents are always allowed to shower, dress, and use the toilet privately, without being viewed by staff of the opposite gender. Male staff would announce their presence verbally when entering all areas holding residents and knock on the entrance door before entering a sleeping area. Announcements were observed by the auditor during the tour of all areas of the facility. Staff were aware that policy prohibits the searching of a transgender or intersex resident to determine their genital status. The interviewed residents confirmed they were afforded significant privacy from all staff when using the toilet, changing clothes, or when showering, and that announcements were made when opposite gender staff entered the housing units or any area holding residents. PREA notifications (English and Spanish) are posted in each housing unit, in the intake area, resident housing areas, the visiting room, and in all resident program areas.

#### **Standard 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 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.**

CEC policy 1200.06 addresses the components of this standard. The ACRC takes appropriate steps to ensure residents with disabilities and residents with limited English proficiency have an opportunity to participate in and benefit from the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts, postings, and resident handbooks are in English and Spanish (the facility is prepared to address the needs of other limited English speaking residents also through an interpreter service). Staff interviewed were aware that under no circumstance are resident interpreters or assistants to be used in dealing with any PREA related matter.

#### **Standard 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 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.**

CEC policy 1200.06 and the CEC PREA Background Screening Procedures address this standard. The Human Resources Manager (HRM) was interviewed, and stated that compliance to all components of this standard has been met. All employees, contractors, and volunteers have had their criminal background checks completed. Policy does state that material omissions or false information submitted by applicants shall be grounds for termination. The agency cannot hire anyone with any background of sexual harassment or abuse. A tracking system is in place to ensure that updated background checks are conducted every five years. Promoted employees have had a background check completed prior to promotion.

#### **Standard 115.218 Upgrades to facilities and technologies**

- ☐ 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 video monitoring system consists of 19 cameras, with recording capabilities, placed in hallways and activity areas. These cameras can be monitored by administrative and Control Center staff. There has been one upgrade (an added camera in the laundry) since August 20, 2012.

#### **Standard 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 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.**

CEC policy 1200.06 addresses compliance with all aspects of this standard. Resident Managers and other staff were interviewed concerning this standard. Staff reported knowledge of the facilities' procedures to obtain usable physical evidence if sexual abuse or harassment is alleged. The facility will use the Littleton Police Department for the collection of forensic evidence and to conduct criminal investigations. Staff were aware that a CEC investigator would conduct administrative investigations. Specific actions and clinical decisions are required by policy to determine if a resident is to be transported to the local hospital to receive a SAFE exam. No SAFE exams were conducted within the last year. The facility has an agreement with a local hospital and rape crisis center to provide services relevant to this standard (the resident will not be charged for any services related to PREA compliance). Staff interviews (a SAFE nursing supervisor and rape crisis center staff were also interviewed) and an examination of policy confirm compliance to this standard.

#### **Standard 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 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.**

CEC policy 1200.06 addresses this standard. Administrative or criminal investigations would be completed on all allegations of sexual abuse and sexual harassment. The corporate investigator (trained) would complete all administrative investigations. If, during the course of an investigation, evidence surfaces indicating criminal misconduct, the investigation would be referred to the Littleton Police Department. There were two allegations of sexual abuse or harassment during the past 12 months. Administrative investigations were completed on those allegations and reviewed by the auditor. Disclosable data concerning criminal investigations will be posted on the CEC website.



### Standard 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 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.**

CEC policy 1200.06 addresses this standard. All staff, contractors, and volunteers were provided training relative to their PREA responsibilities in full compliance to this standard. Much of this training was provided through courses on the PREA provided by the facility. Training curricula was reviewed for content. Annual Refresher Training with PREA as a topic is also provided to all employees. Staff acknowledge in writing their understanding of the PREA. All staff were issued and carry an embossed reference card detailing their duties and responsibilities related to the PREA. All staff interviewed indicated that they received the required PREA training, received updates when needed, and were found to be extremely proficient in their knowledge of PREA responsibilities (without reading their card). Staff training and knowledge has substantially exceeded the standard.

### Standard 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 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.**

CEC policy 1200.06 addresses this standard. During the past 12 months, all contractors and volunteers received training related to their responsibilities concerning the PREA (zero-tolerance, detection, prevention, response, and reporting requirements). All training is documented and was reviewed by the auditor. The contractors will be required to be trained in PREA policy as a requirement in their Scope of Work in upcoming bid proposals. The HRM, two volunteers, and two contractors were interviewed concerning this standard.

### Standard 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 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.**

CEC policy 1200.06 addresses this standard. All residents receive information at time of intake verbally, in a PREA pamphlet, in a video, and there is information provided in the resident handbook (provided to residents at the time of intake in English or Spanish). Provisions are in place to meet the needs of all nationalities, limited English, illiterate, and disabled residents concerning this standard. There are posters throughout the facility, and the "hotline" phone numbers are displayed to call to report abuse or harassment (in each housing unit). Residents sign an acknowledgement of having received this information at the time of intake. Staff and resident interviews confirmed the facility exceeds compliance to this standard.

### Standard 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)

**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.**

CEC policy 1200.06 addresses this standard. The corporate investigator (who conducts administrative investigations) received specialized investigative training relevant to the PREA. The corporate investigator was interviewed and explained to the auditor in detail the steps to be taken during a PREA-related investigation. The criminal investigator (Littleton Police Department) was not available to be interviewed, but had received extensive training on how to conduct a PREA complaint investigation. The training records reviewed confirmed completion of the required instruction.

### Standard 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)

**N/A - Not Applicable**

**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.**

Not applicable - The facility does not have medical or mental health staff. All emergencies or incidents involving this need for care will result in a resident being transported to the local hospital. The SAFE nurse assigned to provide these services was interviewed and explained the process (including the role of the rape crisis center) to the auditor.

**Standard 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 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.**

CEC policy 1200.06 addresses this standard. All residents are immediately assessed at intake by staff for their risk of being sexually abused by other residents or being sexually abusive towards others (none were identified within the last year). A Case Manager also screens all new arrivals within their first 72 hours following arrival. At the time of intake, staff conduct additional screening by reviewing records or other information from another facility or other source which may be relevant to compliance with this standard. Residents cannot be disciplined for refusing to answer questions at intake (PREA related). Residents identified as high risk for sexual victimization or at risk of sexually abusing other residents would be referred to a mental health professional in the community for further assessment. Careful housing assignment (placement in a housing area with additional supervision) or other appropriate action would then be considered to address the resident's needs. Any information received after intake is immediately considered, and may result in a change in housing or other necessary action. Status reassessments, by policy, will occur at least every 90 days. Staff and resident interviews and observations of the intake process confirmed compliance to this standard.

**Standard 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 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.**

CEC policy 1200.06 addresses this standard. Policy requires the use of a screening form to determine housing, bed, work, education, and program assignments with the goal of keeping residents at high risk of being sexually victimized separate from those who are at a high risk of being sexually abusive. A Case Manager completes the PREA screening process. The auditor inspected several screening forms, which were found to be compliant to this standard. Housing and program assignments are made on a case – by - case basis. There is in place a procedure for providing continued re-assessment and follow-up monitoring if needed. All documentation is considered confidential, and only disclosed to staff with a right or need to know. Staff and resident interviews, and a review of documentation, confirmed compliance to this standard.

#### **Standard 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 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.**

CEC policy 1200.06 addresses this standard. A review of documentation indicated that there are multiple ways (including privately, “third party”, and anonymously) for residents to report sexual abuse or harassment. The Resident Managers, Case Managers, and residents interviewed stated staff and residents may privately report any abuse, harassment, or neglect (which would contribute to a violation of the PREA) verbally, in writing, anonymously, or from a third party. Staff will immediately take all required further action and document the information. Posters and other documents are on display throughout the buildings explaining the reporting procedures.

#### **Standard 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 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.**

CEC policy 1200.06 addresses this standard. Residents may file a grievance at any time, however, all allegations of abuse or harassment, when received by staff, would immediately result in the opening of a formal investigation (criminal or administrative). Policy allows residents to seek assistance from others in the filing of a grievance, and also allows for the filing of an emergency grievance. This process would not involve staff who may be the subject of the complaint. There have been no grievances involving PREA related issues filed during the previous year. Staff and resident interviews, as well as a review of policy, confirm compliance to this standard.

#### **Standard 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 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.**

CEC policy 1200.06 addresses this standard. The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing PREA brochures (at the time of intake) with appropriate telephone numbers, or otherwise making accessible mailing addresses and other telephone numbers, including toll free hotline numbers (posted in the housing units). The local rape crisis center is available to provide all requested and necessary services. The facility enables reasonable communication between residents and these organizations and agencies, in a confidential manner. Staff and resident interviews, and a review of documentation, support compliance to this standard.

#### **Standard 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 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.**

CEC policy 1200.06 addresses this standard. Numerous facility posted notifications (observed by the auditor) address the requirements of this standard. Third-parties are also informed of reporting procedures on the CEC website and in the Visiting Room.

### Standard 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 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.**

CEC policy 1200.06 addresses this standard. Staff interviewed were aware that they must immediately report allegations of abuse, harassment, retaliation, or neglect relevant to the PREA. Compliance with all aspects of the standard was verified through a review of the policy and staff interviews. All staff carry a first responder action card and were able to list all of the steps of first responder's duties. Policy requires that information relevant to this standard must be maintained in a confidential manner.

### Standard 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 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.**

CEC policy 1200.06 addresses this standard. The Resident Managers interviewed outlined their duties and responsibilities if they became aware of a resident being at imminent risk for abuse (first-responder or otherwise), and that certain immediate, mandatory actions to protect the resident would take effect. Staff produced a card during the interview, issued by the facility, outlining all actions to be taken by staff that became aware of imminent sexual abuse or harassment. There have been no residents found to be in imminent risk in the last year.

### Standard 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 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.**

CEC policy 1200.06 addresses this standard. Policy requires the reporting any PREA related allegation by a resident that may have occurred at another facility to the Warden or Director of the facility where the incident is alleged to have occurred, by the Director of the facility in which the resident is currently housed. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated. There have been no allegations of sexual abuse or harassment that may have occurred at another facility (reported to the ACRC) or at the ACRC, reported from another facility.

#### **Standard 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 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.**

CEC policy 1200.06 addresses this standard. All staff interviewed were very knowledgeable concerning their first responder duties and responsibilities, upon learning that a resident may be the victim of sexual abuse. The Resident Managers and other staff interviewed quoted specific actions (such as protection of the victim, preservation of all evidence, and notification to the supervisor etc.) to be taken, in compliance with the PREA. All staff, including the Director, were carrying an embossed card to direct them as to their responsibilities as a first responder to an allegation of a PREA incident. There have been no incidents within the previous year requiring first responder actions.

#### **Standard 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 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.**

CEC policy 1200.06 addresses this standard. This policy fully describes procedures for all staff to comply with this standard. The facility's response to an incident would be coordinated between local medical, mental health, rape crisis center, and corporate staff; all who are responsible for providing services or support. The two allegations of a PREA violation, which occurred within the last year, were addressed in compliance with this standard. The Operations Manager was interviewed concerning this standard.

**Standard 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 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 ACRC has no union or collective bargaining agreement that would stop the facility from removing a staff member from a post that involves interaction with residents, as a preventative measure, during an investigation or a determination concerning discipline.

**Standard 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 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.**

CEC policy 1200.06 addresses this standard. The policy specifically prohibits any type of retaliation to any staff member or resident who has reported sexual abuse or sexual harassment or who has cooperated with such investigations. The Retaliation Monitor (interviewed by the auditor) is the designated staff member to monitor all possibilities of retaliation and at a minimum would conduct checks with a resident or staff who may have been victimized or reported victimization at least every 30 days for at least 90 days following an allegation. The Monitor will take the necessary steps to protect the resident and staff. These checks may occur more frequently if indicated. This follow-up may also extend without limit if necessary. There have been no cases of retaliation discovered or reported within the previous year.



### Standard 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 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.**

CEC policy 1200.06 outlines the procedures to comply with this standard. The corporate investigator (interviewed) conducts administrative investigations within the facility, and is trained to do so. If an allegation appears to be criminal in nature, the Littleton Police Department is contacted to conduct a criminal investigation. If the police substantiate the allegation, the case is to be referred to the local district attorney for prosecution. There were two administrative and no criminal investigations conducted within the previous year. All incidents would be recorded on a PREA Incident Form.

### Standard 115.272 Evidentiary standard 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.**

CEC policy 1200.06 meets this standard. The evidence standard in policy is "a preponderance of the evidence" in determining whether allegations of sexual abuse or sexual harassment are substantiated. This standard of evidence was used to conclude that one allegation was substantiated within the last year.

### Standard 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 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.**

CEC policy 1200.06 addresses this standard. There have been two administrative and no criminal investigations initiated and completed during the previous year. The appropriate resident was notified verbally (documented) of the outcome of one of the administrative investigations. Another resident had been released from the facility, and could not be notified concerning the other investigation. Policy outlines the reporting process, in compliance with this standard. The Director was interviewed concerning this standard.

#### **Standard 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 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.**

CEC policy 1200.06 addresses this standard. During the previous year, no staff member was disciplined in any manner nor has any resigned for violating the PREA agency sexual abuse or sexual harassment policies. A review of the policy indicates compliance to this standard, if staff were to be disciplined. The HRM was interviewed concerning this standard.

#### **Standard 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 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.**

CEC policy 1200.06 addresses this standard. During the previous year, there has not been any incidents where a contractor or volunteer was accused of sexual abuse or sexual harassment. Policy (reviewed by the auditor) covers the required procedures to be taken in compliance to this standard. The HRM was interviewed concerning this standard.

### Standard 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 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.**

CEC policy 1200.06 addresses this standard. Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident – on - resident sexual abuse or following a criminal finding of guilt for resident – on - resident sexual abuse. The ACRC has had one incident of sexual misconduct between residents (no misconduct between residents and staff) in the past year. The facility sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Therapy to address the underlying reasons for abuse is available in the community. Residents may be disciplined for sexual contact with staff, that is not consensual (staff did not consent). Residents are not disciplined for making a report in “good faith”, which may be found later to be unsubstantiated or unfounded. Interviews with staff and residents confirm compliance to this standard.

### Standard 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 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.**

CEC policy 1200.06 addresses this standard. The ACRC has had no resident in need of access to emergency medical or mental health treatment relevant to the PREA within the previous year. If a need occurred, the facility would ensure compliance with all actions required by this standard (free treatment, documentation of services, information about sexually transmitted diseases, confidentially etc.). The resident would be immediately sent to a local hospital or rape crisis center where all required services will be provided. Interviews with staff, the local hospital SAFE nurse, the rape crisis center staff, and a review of policy confirm compliance to this standard.

### **Standard 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 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.**

CEC policy 1200.06 addresses this standard. No resident has been determined to need (or requested) this type of treatment within the previous year. Therapy will be offered to abusers, when identified (none in the past 12 months), within 60 days. Policy (reviewed by the auditor) is in place to provide for the services required by this standard if needed. The Director was interviewed concerning this standard.

### **Standard 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 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.**

CEC policy 1200.06 addresses this standard. Staff interviews confirmed that at the conclusion of an investigation of sexual abuse or harassment there would be a review by the institution leadership of all allegations other than those determined to be unfounded, as required by this standard. Identified weaknesses found during the review would be addressed, resolved, and documented. Two Incident Reviews were conducted in compliance to this standard (reviewed by the auditor). The Director was interviewed concerning this standard.

### **Standard 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 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.**

CEC policy 1200.06 addresses this standard. The facility will collect accurate uniform data for every allegation of sexual abuse by using a standardized instrument (Incident Report Corporate Form). The report allows the facility to submit the mandatory annual Department of Justice (DOJ) Survey of Sexual Violence in a timely fashion, prepare an annual PREA report, monitor trends, and take corrective action when indicated. The most recent documentation was reviewed by the auditor.

#### **Standard 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 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.**

CEC policy 1200.06 addresses this standard. The corporate office reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and to identify problem areas and take corrective action. The Institution PREA Compliance Manager would ensure that the data collected on sexual abuse for resident – on - resident cases is forwarded to the Corporate PREA Coordinator annually. The Corporate PREA Coordinator ensures the information is provided for the purposes of agency reporting. An annual report (disclosable information) is prepared and published on the CEC website. The Corporate PREA Coordinator was interviewed, and the most recent report was examined by the auditor.

#### **Standard 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 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.**

CEC policy 1200.06 addresses this standard. The CEC Corporate PREA Coordinator reviews data compiled and from this information issues a report to the CEC Chief Executive Officer (CEO) on an annual basis. The data is securely retained and published on the CEC website (disclosable data only). The reports (most recent reviewed by the auditor) cover all data required by this standard, and are retained in a file for over 10 years.

## 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.



William Willingham

July 18, 2015

Auditor Signature

Date