

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## Juvenile Facilities



<b>Date report submitted:</b>	3/7/2017		
<b>Auditor Information</b>			
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<b>Date of facility visit:</b>	3/1/2017		
<b>Facility Information</b>			
<b>Facility Name:</b>	CEC Camp Aspen		
<b>Facility Address:</b>	5300 Broad River Road, Columbia, South Carolina 29212		
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>	803-606-3834		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input checked="" type="checkbox"/> Other (Students)
<b>Name of PREA Compliance Manager:</b>	Maria Speaks	<b>Title:</b>	Deputy Director of Treatment
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<b>Agency Information</b>			
<b>Name of Agency:</b>	Community Education Centers (CEC)		
<b>Physical Address:</b>	35 Fairfield Place, West Caldwell, New Jersey 07006		
<b>Governing authority or parent agency:</b>			
<b>Physical address:</b>			
<b>Telephone number:</b>			
<b>Agency Chief Executive Officer</b>			
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## AUDIT FINDINGS

## **NARRATIVE:**

The site visit for the PREA audit of the Camp Aspen facility was conducted on March 1, 2017 to determine compliance with the 2003 Prison Rape Elimination Act standards. An entrance meeting was held with the Deputy Director of Treatment to explain the audit process. During the audit, the auditor toured the facility and conducted formal staff and inmate interviews. The auditor interviewed nine (9) students randomly from all of the housing units). In addition, the auditor questioned 18 staff and officers (9 specialized staff and 9 random Resident Instructors), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation. Specialized staff interviewed included the Director, PREA Compliance Manager, Deputy Director of Operations, Deputy Director of Treatment, Facility Retaliation Monitor, Human Resource Manager/Training Officer, and three (3) Human Services Professionals.

There are currently 34 students assigned to the facility. Following the entrance meeting, the auditor toured the facility from 8:30AM to 9:30AM, Eastern Standard Time. In the last calendar year, there were two sexual harassment allegation cases; both were submitted anonymously and involved the same staff member. Investigations into each allegations were conducted and both allegations were determined to be unfounded. The auditor reviewed the investigation process to ensure compliance with the PREA standard.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Camp Aspen opened in June 1998. Participants are referred through the South Carolina Department of Juvenile Justice (SCDJJ) system. Camp Aspen is a community-based residential program that uses residential reentry treatment in the context of a community justice model. Services include substance abuse treatment, co-occurring disorders, grief counseling, relapse prevention, interpersonal skills, family relationships and psycho-educational groups. Additional services include academic education, basic educational requirements, special educational requirements, GED programming, activity therapy, aftercare program, behavioral management, community service, independent living skills and individual and group psychotherapy.

Their mission of the facility is to provide a healthy, drug-free, safe, and secure environment, within which they will provide treatment and education services that focus on changing addictive and criminal behaviors. The facility also provides participants with the knowledge and skills necessary to lead a productive lifestyle, prior to reintegrating back into their communities.

The facility is an open campus setting with no perimeter fence. The housing consists of two open dormitory style living areas which houses 18 students each. These housing units contain bunk type beds and a clothing storage unit for each student. Each dormitory unit also contains showers, restrooms, and laundry services to accommodate the population of the unit. The campus also includes a separate modular classroom building for education and group therapy, a food service building and an administration building. The food service building is where visitation is conducted. The administration building houses staff offices.

The auditor found the staff and students to be very well aware of the PREA. The staff were very knowledgeable about their responsibility to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as, dealing with victims of sexual assault and/or sexual harassment. All staff have had extensive training on how to identify signs of sexual assault/sexual harassment and how to deal and treat victims of sexual assault and/or sexual harassment. There have been two allegations of sexual harassment involving the same staff member.

### **SUMMARY OF AUDIT FINDINGS:**

An exit meeting was held with the following persons in attendance: The Director and the Deputy Director of Treatment.

Number of standards exceeded:	0
Number of standards met:	39
Number of standards not met:	0
Not Applicable:	2

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

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

Community Education Center (CEC) Operating Procedure 1200.06 clearly meets this standard. The Agency also meets the standard with their policies and practice. The facility PREA Plan meets zero tolerance level as required by the standard. In addition to the facility PREA Compliance Manager, they have an Agency PREA Compliance officer to ensure they are meeting all the PREA standards.

### **§115.312 - Contracting with other entities for the confinement of students**

- 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 -The agency has not contracted with other entities for the confinement of the inmates from Camp Aspen.

### **§115.313 – Supervision and Monitoring**

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

CEC Operating Procedure 1200.06 clearly meets this standard. The Director completes an annual review of the post audits and staffing plan. There are adequate resources to meet PREA and other confinement requirements. The review included an assessment of the facility's phone access and staffing levels. They do not operate below the critical post requirements. Documentation of unannounced rounds that cover all shifts was reviewed. There are no video and camera systems at this facility; however, the facility has installed security mirrors in the education hallways.

### **§115.315 – Limits to Cross-Gender Viewing and Searches**

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

CEC Operating Procedure 1200.06, pages 10 and 11, clearly meet this standard. Staff of the opposite gender are required to announce their presence when entering the resident-housing unit(s) by stating “female on the dorm”. This was documented during interviews with staff and students, as well as recorded in housing unit log books. There have been no cross gender strip or visual body cavity searches by non-medical staff in the past year. Staff have been trained to conduct pat-down searches of transgender and intersex inmates in a professional manner.

### **§115.316 – Students with Disabilities and students 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)

The facility is part of the South Carolina Department of Students Justice School District. The provision of any services can and would be contracted through this agency. The facility also has a state Certified Special Education Teacher on staff.

### **§115.317 – Hiring and Promotion Decisions**

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

Operating Procedure 1200.06, pages 13, 14, and 15, clearly meet this standard. Based on interviews with Human Resources, all components of this standard are being met. All employees had their criminal background check completed before hiring and are required to have them done again every 5 years. Vendors do not have criminal background checks, but are escorted and supervised, when on institutional grounds. A tracking system is in place to ensure background investigations will be completed every five years.

### **§115.318 – Upgrades to Facilities and Technology**

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

There have been no facility video or audio upgrades in the last twelve months; however two security mirrors have been added to the education hallways.

### **§115.321 – Evidence Protocol and Forensic Medical Examinations**

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

CEC Operating Procedure 1200.06, pages 22 and 23, clearly meet this standard. The facility does not have a medical department or medical staff. All medical services are conducted outside of the facility. In the event of a sexual assault, a Sexual Assault Response Checklist is used and administrative personnel determine if the inmate should be transported to Palmetto Health - Richland General Hospital for SAFE/SANE examination. The two contracted psychiatrists would provide victim advocate services. The telephone number is posted in each housing unit.

### **§115.322 – Policies to Ensure Referrals of Allegations for Investigations**

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

CEC Operating Procedure 1200.06, pages 22, 23, 24, 25, and 26, were reviewed during on-site inspection to verify the components are being met. All investigations are done by the Department of Students Justice. There have been two allegations of sexual harassment in the past twelve months. Both allegations were filed anonymously and both were ruled unfounded. Both investigations were reviewed by the auditor.

### **§115.331 – Employee Training**

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

CEC Operating Procedure 1200.06, page 4, covers all training required by this standard. Training is a primary concern and focus at Camp Aspen. All staff interviewed indicated that they received the required PREA training. All training records were reviewed to ensure compliance.

### **§115.332– Volunteer and Contractor Training**

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

CEC Operating Procedure 1200.06, pages 5, 7, and 25, meets the requirements of this standard. Contractor and volunteer training sign-in sheets were reviewed to ensure compliance. The PREA Compliance Manager conducts the required training for volunteers and contractors.

### **§115.333 – Resident Education**

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

CEC Operating Procedure 1200.06, page 6, meets the requirements of this standard. At intake, students receive PREA information in the student handbook, and also during their orientation to the facility by their counselor. There are posters throughout the facility with the phone number to use to report an incident. These notices are also posted in each housing unit.

### **§115.334 – Specialized Training: Investigations**

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

CEC Operating Procedure 1200.06, pages 5 and 25, meet the requirements of the standard. Preliminary gathering of information of suspected incidents is conducted by the facility Director. The investigations are conducted outside of the facility by the Department of Students Justice. These investigators receive specialized training for conducting sexual abuse investigations.

### **§115.335 – Specialized training: Medical and mental health care**

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

CEC Operating Procedure 1200.06, pages 5 and 6. The facility does not have medical staff or a medical department. All medical services are provided off-site. All mental health staff have received specialized training on victim identification, interviewing, reporting, and intervention.

### **§115.341 – Screening for Risk of Victimization and Abusiveness**

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

CEC Operating Procedure 1200.06, pages 7, 8, and 9, includes all components required by this standard. Interviews with the Director and the Deputy Director of Treatment services verified that there is a thorough system for collecting this information and providing continued re-assessment and follow-up services as needed.



### **§115.342 – Use of Screening Information**

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

CEC Operating Procedure 1200.06, pages 3, 4, 5, 6, 7, 10 and 11, include all components required by this standard. Review of the documents associated with these procedures indicates the information from the risk screening tool is used to ensure the safety of each student.

### **§115.351 – Resident Reporting**

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

Based on staff and student interviews, compliance is clearly documented. The procedures for reporting are clearly stated in the resident handbook, on posters located throughout the facility and through CEC operating procedures.

### **§115.352 – Exhaustion of Administrative Remedies**

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

CEC Operating Procedure 1200.06, page 16, covers the elements of this standard. Two grievances were filed last year that alleged sexual harassment. Both grievances were reviewed by this auditor to ensure compliance with the standard. Each grievance was followed up with a full investigation and determined to be unfounded.

### **§115.353 – Resident Access to Outside Confidential Support Services**

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

Students are provided emergency services and support through the free telephone call services provided. The number is posted in each housing unit.

### **§115.354 – Third-Party Reporting**

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

Third party reporting information is made available to students through posters located throughout the facility and their student handbook. Students also receive contact visitation every week.

### **§115.361 – Staff and Agency Reporting Duties**

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

CEC Operating Procedure 1200.06, page 22, includes all the components of this standard. This was also verified through random interviews with staff.

### **§115.362 – Agency Protection Duties**

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

CEC Operating Procedure 1200.06, pages 18, 19, and 20, include all the components of this standard. If a student was at risk of sexual victimization, they could temporarily be placed in another dormitory and/or transferred to another facility. There have been no students placed in this status in the past twelve months. This was also verified through random interviews with staff.

### **§115.363 – Reporting to Other Confinement Facilities**

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

CEC Operating Procedure 1200.06, page 10, cover the elements of this standard. Daily operating procedures also include all the components of this standard. This was also verified through interviews with the Director and PREA Coordinator. The facility has not received any allegations of sexual abuse/harassment from another facility in the past twelve months.

### **§115.364 – Staff First Responder Duties**

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

CEC Operating Procedure 1200.06, page 18, include all the components of this standard. All staff carry a green card with the first responder steps listed. The card is attached to their ID badge. This was also verified through random interviews with staff.

### **§115.365 – 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)

CEC Operating Procedure 1200.06, page 18, addresses this standard. Interviews with supervisory staff confirmed there are coordinated response procedures in place.

### **§115.366 – Preservation of ability to protect students 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)

Not applicable; there is no collective bargaining at this facility.

### **§115.367 – Agency protection against retaliation**

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

CEC Operating Procedure 1200.06, page 20, includes all components of this standard. The Deputy Director of Operations is the Retaliation Monitor and is assigned to monitor possible retaliation. An interview was conducted with the Director to confirm compliance.

### **§115.368 – Post-Allegation Protective Custody**

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

CEC Operating Procedure 1200.06, page 20, meets the components of this standard. Students could temporarily be placed in the other dormitory unit or transferred to another facility, where there is protective custody housing.

### **§115.371 – Criminal and Administrative Agency Investigations**

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

CEC Operating Procedure 1200.06, pages 22 and 26, cover these components. During the last 12 months, there have been two allegations of sexual harassment. Both investigative files were reviewed to ensure steps were completed in compliance with the standard. Both allegations were determined to be unfounded.

### **§115.372 – 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)

CEC Operating Procedure 1200.06, pages 27 and 28, cover the standard requirements. There have been two allegations of sexual harassment within the last twelve months. Both investigative packets were reviewed for compliance. The standard applied is the Preponderance of Evidence.

### **§115.373 – Reporting to Students**

- 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)

CEC Operating Procedure 1200.06, page 27, cover the standard requirements. There have been two allegations of sexual harassment within the last twelve months. Both investigation packets were reviewed for compliance. The students were informed promptly during and after the investigation. In these cases, both allegations were submitted anonymously.

### **§115.376 – Disciplinary sanctions for staff**

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

CEC Operating Procedure 1200.06, pages 29 and 30, include all the components of this standard. There have been two allegations of sexual harassment within the last twelve months. Both investigation packets were reviewed for compliance. Both were determined to be unfounded.

### **§115.377 – 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)

CEC Operating Procedure 1200.06, page 30, covers the components of this standard. There have been no incidents in the last twelve months.

### **§115.378 – Disciplinary sanctions for students**

- 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)

CEC Operating Procedure 1200.06, pages 29, 30 and 31, include all the components of this standard. Operation procedures address all disciplinary sanctions for students. These sanctions are also listed in the student handbook.

### **§115.381 – Medical and mental health screenings; history of sexual abuse**

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

CEC Operating Procedure 1200.06, page 9 includes all the components of this standard. Interviews with specialized staff confirm the facility has a thorough system for collecting this information and also has the capacity to provide continued re-assessment and follow-up services as needed. No student disclosed prior victimization during screening.

### **§115.382 – Access to emergency medical and mental health services**

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

CEC Operating Procedure 1200.06, page 32, addresses the components of this standard. Students would be transported to the local hospital for treatment.

### **§115.383 – Ongoing medical and mental health care for sexual abuse victims and abusers**

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

CEC Operating Procedure 1200.06, pages 9 and 32, addresses the standards of this component.

### **§115.386 – Sexual abuse incident reviews**

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

CEC Operating Procedure 1200.06 page 28 is covered under this standard. Interviews with the administrative team indicate that all incidents are reviewed and documented. The team includes the Director, PREA retaliation monitor and Deputy Director of Treatment.

### **§115.387 – Data Collection**

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

CEC Operating Procedure 1200.06, pages 34, 35 and 36, covers the elements of this standard. The data is posted on the CEC public website.



## §115.388 – Data Review for Corrective Action

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

CEC Operating Procedure 1200.06, pages 35 and 36, covers the components of this standard. The annual report is located at <http://www.cecintl.com/pdf/2013-CEC-PREA-Annual-Report.pdf>.

## §§115.389 – Data Storage, Publication, and Destruction

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

CEC Operating Procedure 1200.06, pages 35, and 36, covers the components of this standard. The 2015 Annual Report was reviewed.

### 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.

James L. Roland

March 6, 2017

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Auditor Signature

Date