

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

Date of report: October 23, 2015

Auditor Information			
Auditor name: Michael Radon			
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Email: michaelradon@yahoo.com			
Telephone number: 413-250-7778			
Date of facility visit: September 30 through October 2, 2015			
Facility Information			
Facility name: Coleman Hall/Hoffman Hall			
Facility physical address: 3950 D St. Philadelphia, Pennsylvania			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 215-203-1895/215-291-1231			
The facility is:	<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		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input checked="" type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Miss Linda Maher			
Number of staff assigned to the facility in the last 12 months: 59			
Designed facility capacity: 750			
Current population of facility: 569			
Facility security levels/inmate custody levels: (Coleman Hall) Minimum/(Hoffman Hall) Medium			
Age range of the population: 18-65+			
Name of PREA Compliance Manager: Kashif Johnson (Coleman Hall)/Cynthia Davis (Hoffman Hall)		Title: PREA Compliance Manager	
Email address: kashif.johnson@cecintl.com/cynthia.davis@cecintl.com		Telephone number: 215-291-1231	
Agency Information			
Name of agency: Community Education Centers			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 35 Fairfield Place West Caldwell, NJ			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 973-226-2900			
Agency Chief Executive Officer			
Name: Mr. Steve Tomlin		Title: Vice President	
Email address: steve.tomlin@cecintl.com		Telephone number: 973-226-2900	
Agency-Wide PREA Coordinator			
Name: Andy Groff		Title: PREA Administrator	
Email address: andy.groff@cecintl.com		Telephone number: 973-226-2900	

AUDIT FINDINGS

NARRATIVE

The Community Education Centers (CEC) in conjunction with the American Correctional Association (ACA) scheduled a Prison Rape Elimination Act (PREA) audit for the Coleman/Hoffman Facility located in Philadelphia, Pennsylvania. The date of the audit visit was September 30th through October 1st, 2015. Michael Radon certified PREA auditor was notified July 2015 of this audit for Coleman/Hoffman Hall. This notification informed the auditor that Coleman/Hoffman Hall was included in a double audit for the Community Education Centers agency. This assignment was for a single certified PREA auditor. The audit process started with contacts between the ACA office and CEC's PREA Coordinators office to deal with the planning and preparation and providing the necessary documentation to begin the audit.

Facility information from Savitree Bettencourt who was the point person for this process sent PREA auditor information via USB thumbdrive which included the preliminary information, the pre audit questionnaire, and policies and procedures for the designated standards for a community confinement PREA audit.

Following the protocols including the posting of notices and making contacts, the auditor began reviewing materials forwarded in the USB thumbdrive. The review began with the PAQ questionnaire and continued to review every standard with included documentation of policies, procedures, and secondary documentation.

Wednesday, September 30th the auditor traveled to Philadelphia, Pennsylvania upon completion of the initial audit in Reading, Pennsylvania. Upon arrival an informal meet and greet took place with the Administrator, two (2) Facility Directors, Quality Assurance Managers, and CEC Headquarter Staff. Each Facility Director lead their program tour for their designated programs. In addition to the facility tour which included observation and information provided to the auditor which assisted in clarifying and confirming PREA standard compliance.

On the second day, the auditor met with the PREA team and reviewed the PREA audit questionnaire for further clarification and confirmation of compliance and continued to address any questions that were pending needing more documentation or clarification to substantiate compliance. Upon completion of the pre audit questionnaire the auditor explained to CEC staff that he was there to continue to observe and assess all areas of the facility in order to verify compliance with the PREA standards. Part of the process would be to pay attention how well offenders were supervised, how technology was being utilized, existing security procedures, and the safety and security of the offenders. Specific areas (non-inclusive) would be intake, reception, screening, housing, healthcare, recreation, and any areas that could be considered potentially vulnerable regarding sexual safety.

The next step in the audit process was the beginning of identifying all specific staff required to be interviewed through the PREA interview protocols for the audit. A private office was provided to this auditor to conduct audits for Coleman Hall offenders and specific staff. These staff included first responders, specialized staff, administrative, PREA compliance managers, counseling/mental health staff, medical, and outside resource staff for verification purposes.

The auditor then relocated to Hoffman Hall which although is connected to the facility provides specific drug and alcohol treatment to a separate by inclusive population. Upon completion of the interview process it is this writer's opinion that standard compliance for PREA was in place. This was validated by verification and validation from all interviews. All staff and offenders were 1. Aware of PREA and its purpose, and 2. Were knowledgeable of their roles regarding PREA compliance and their specific responsibilities. It was apparent that this facility was well prepared for this PREA audit in all respects.

DESCRIPTION OF FACILITY CHARACTERISTICS

CEC (Community Education Centers, Inc.) Coleman-Hoffman Hall is located at 3950 D St. Philadelphia, Pennsylvania. Coleman-Hoffman Hall is a private for profit Halfway House/Community Correctional Facility with a designed capacity of 750, with a current population of 569. Serving an age range of 18 to 65+, male residents.

The physical plant of Coleman-Hoffman Hall is comprised of two buildings. Both of these buildings are air conditioned up to date block construction. They are separate facilities securely divided under one roof with separate entrances. Each facility is comprised of dormitory living space, dining areas, library, visitation, administrative areas, group rooms and security control areas. Coleman Hall houses the main kitchen where Hoffman Hall houses the tool room and maintenance area.

Security for the two buildings, Hoffman being medium security and Coleman being minimum security; entails cameras, staff counts, identity checks, entry egress access, security doors and supervision. The joint facility is approximately 80 thousand square feet and protected by a no-climb chain link fence which encloses the outdoor recreation areas and security chain link for sally ports and delivery areas.

Recreation is provided to residents via large yards adjacent to the housing units, each yard is encircled by an eight foot rollover fence. Indoor leisure activities are board games and television. Hoffman Hall has a gymnasium for indoor activities such as handball and basketball.

There are no infirmaries at Coleman-Hoffman Hall, medical emergency response time is 3 to 5 minutes. The medical department is staffed Monday through Friday from 7:00 a.m. to 3:00 p.m. by three nurses and one nurse from the hours of 3:00 p.m. to 11:00 p.m. Weekend coverage has two shifts from 7:00 a.m. to 11:00 p.m. with one nurse on each shift. Each day there are med-pass times and health education and training for residents.

The mission of this facility is “To provide a healthy, drug-free, safe and secure environment within which we will provide treatment and education services that focus on changing addictive and criminal behaviors. We provide our participants with the skills and knowledge necessary to lead a productive lifestyle prior to reintegration into their communities”.

SUMMARY OF AUDIT FINDINGS

The Community Education Centers facility Coleman and Hoffman Hall met the standards compliance for all PREA standards. It was apparent during this audit that not only the facility being audited but the agency overall has demonstrated a commitment to address the PREA concerns as part of their culture not only at this facility but on an agency wide basis.

Number of standards exceeded: 0

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 1

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.

Sexual Abuse: A resident commits this offense when he/she has active or passive contact or fondling between his genitals, hand(s), mouth, buttocks, anus, or breast and the genitals, hand(s), mouth, buttocks, anus, or breast of another person. Contact can be with or without clothing being worn by one or both parties.

Sexual Assault/Rape: The act of unwanted sexual intrusion, sexual contact, or sexual penetration by any person on another by force, threat, coercion, or intimidation.

Sexual Assault/Rape Victim: A person who reports having been subjected to sexual assault/rape.

Sexual Harassment: Involves sexual advances, requests for sexual favors, or verbal comments, gestures or actions of a derogatory or offensive sexual nature by one resident directed toward another; and Repeated verbal comments to a resident by a staff member, contractor or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing or obscene language or gestures.

Sexual Misconduct: Any behavior or act of a sexual nature directed toward anyone by another person. Sexual misconduct includes, but is not limited to: acts, threats, requests for sexual acts, or attempts to commit acts such as sexual contact, obscenity, behavior of a sexual nature or implication of the same, taking or soliciting photographs/pictures of a person's nude breasts, genitalia or buttocks, indecent exposure, invasion of privacy for sexual gratification, inappropriate touching or incidents of intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks or other body parts with the intent to abuse, arouse, or gratify sexual desire or incidents of indecent exposure of breasts, genital areas, or other body parts, even with consent in an institution. Any procedure such as, but not limited to: taking pictures/photographs, pat searches, or medical exams that are required by department policy, procedure, or process are not defined as sexual misconduct.

Prevention 1. The Lead Facility Administrator will take all necessary steps to prevent rapes, assaults and other violent behaviors in the program/facility. Preventative measures may include, but are not limited to:

- a. Physical plant strategies Facilities sound separation in co Education
Monitoring Emergency call buttons Staff supervision
entering a resident housing area and bathrooms.
- b. Staff Training Staff behavior as well as the Emphasis should be placed on
method of reporting these violations during orientation to the facility.
- c. Constant communication
- d. Staffing Documented staffing plan that provides for adequate levels of staffing which
helps to protect residents against sexual abuse. In calculating adequate staffing levels the facilities/ programs shall take into
consideration: the physical layout of each facility, the compositions of the resident population, the prevalence of substantiated and
unsubstantiated incidents of sexual abuse, and any other relevant factors.

At Community Confinement facilities, whenever necessary but no less frequently than once each year, the facility shall conduct a staffing analysis in consultation with the PREA Coordinator.

The facility/program shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who: (PREANS 115.17a, 115.217a, 115.317a) 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt, or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in this section.

The facility/program shall not enlist the services of any contractor, who may have contact with residents. (PREANS 115.17b, 115.217.b, 115.317b)

Before hiring new employees who may have contact with residents, the facility/program shall: (PREANS 115.17c, 115.217c, 115.317c) Consistent with federal, state and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

1. Sexual Misconduct is Prohibited and Will Be Sanctioned. Sexual misconduct, either resident-on-resident or staff-on-resident, is prohibited regardless of whether either or both of the participants believed the act was consensual. 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 conduct of this standard is not applicable. With residents will be investigated and all substantiated cases shall be turned over to the local County Attorney's Office for possible criminal prosecution. CEC residents all sex and may discipline residents for such activity. However, sexual activity between residents may not be deemed to constitute sexual abuse for the purposes of this policy and reporting of sustained PREA sexual abuse incidents if it is determined that the activity was not coerced. (PREANS 115.278.g)
2. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. (PREANS 115.76a, 115.276a, 115.376a) Additionally, staff may be subject to criminal sanctions.
3. The facility/program shall not enter into any agreement that limits the ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted (PREANS 115.66a, 115.266a, 115.366a). The conduct of this standard is not applicable. the disciplinary process or whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not sustained (PREANS 115.66b, 115.266b, 115.366b).
4. Disciplinary sanctions for violations of CEC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. (PREANS 115.76c, 115.276c, 115.376c)
5. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. (PREANS 115.76b, 115.276b, 115.376b) All terminations for violations of CEC's sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. (PREANS 115.76d, 115.276d, 115.376d)

CEC has a "zero-tolerance policy" relative to sexual misconduct. It is the policy of CEC to provide training to staff and residents to prevent sexual misconduct and to fully investigate and prosecute those involved in such conduct. CEC will designate at least one upper level corporate staff member to become the PREA Coordinator to ensure compliance with all standards across agency programs/facilities (PREANS 115.11, 115.211, 115.311).

Zero Tolerance Policy: In no case will the notion of "consensual sex" in a custodial or supervisory relationship be allowed. Any sexual assault/rape or sexual misconduct between employees or agents of CEC and residents violates professional and ethical principals, and CEC policies. All allegations of sexual assault/rape or sexual misconduct will be investigated. If applicable, criminal charges will be filed and/or a professional standard investigation will be conducted which may result in corrective and/or disciplinary action, including termination. Failure of staff members to report incidents of sexual assault/rape or sexual misconduct may result in corrective and/or disciplinary action, including termination.

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)

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.

N/A

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.

Each facility/program shall develop and document a staffing plan that provides for adequate levels of staffing which helps to protect residents against sexual abuse. In calculating adequate staffing levels the facilities/ programs shall take into consideration: the physical layout of each facility, the compositions of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. (PREANS 115.13.a, 115.213.a, 115.313a). In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan and advise the Corporate PREA Coordinator as well as Corporate Senior Management. (PREANS 115.13.b, 115.213.b, 115.313.b).

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.

1. In facilities that allow by contract strip and/or body cavity searches, the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. If the circumstance requires a cross-gender search, the staff member shall document and justify the reason (PREANS 115.15a.c, 115.215a.c, 115.315a.c).
2. The facility shall not permit pat searches of females by male staff except in exigent circumstances. If the circumstance requires this type of search, the staff member shall document and justify the reason (PREANS 115.15b.c, 115.215b.c, 115.315b.c).

Staff of the opposite gender must announce their presence when entering a resident housing area and bathrooms. Staff are prohibited from observing residents of the opposite gender while they are showering, performing bodily functions and/or changing clothing, including through video surveillance (115.15d, 115.215d, 115.315d).

1. In the case of transgender searches, the resident should be asked which gender staff member they prefer to perform the search. If the resident does not have a preference, the search should be performed by a staff member of the same sex as the resident’s gender expression.
2. The facility shall not search or physically examine a transgender or intersex residents for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner. (PREANS 115.15e, 115.215.e, 115.315e)

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.

- 2. The facility will take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agencies PREA efforts (PREANS 115.16a, 115.216a, 115.316a).
- 3. The information will be communicated orally and in written form in a manner that is clearly understood by the resident, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills (PREANS 115.16a.b, 115.216a.b, 115.316a.b; 115.33d, 115.233c, 115.333d).

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)

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The Director or designee will take all necessary steps to prevent rapes, assaults and other violent behaviors in the facility. Preventative measures may include, but are not limited to: Physical plant strategies, Staff Training, Constant communication, Staffing.

- The facility/program shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who: (PREANS 115.17a, 115.217a, 115.317a) 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt, or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in this section. ~~is the facility providing whether to hire or promote anyone who has~~
- Before hiring new employees who may have contact with residents, the facility/program shall: (PREANS 115.17c, 115.217c, 115.317c) 1. Perform a criminal background records check; and 2. Consistent with federal, state and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
- The facility/program shall also perform a criminal background records check before enlisting the services of any contractor or volunteer who may have contact with residents. (PREANS 115.17d, 115.217d, 115.317d)
- All CEC employees who may have contact with residents will be subject to a criminal background record check at least once every five years. Current employees found to have committed previous acts of sexual misconduct will be ineligible for promotions and may be subject to termination. Additionally, every employee will be required as part of the annual performance review process to disclose any previously undisclosed incidences of misconduct. As a reminder, every CEC employee has an on-going obligation to disclose any such misconduct and may be terminated for material omissions or providing materially false information regarding such conduct. (PREANS 115.17e, 115.217e, 115.317e)
- The facility/program shall ask all applicants and employees, contractors and volunteers who may have contact with residents directly about previous misconduct described in this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews or current employees. Employees shall have a continuing affirmative duty to disclose any such misconduct. (PREANS 115.17f, 115.217f, 115.317f)
- Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. (PREANS 115.17g, 115.217g, 115.317g)
- Unless otherwise prohibited by law, the facility/program shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for who such employee has applied to

work. (PREANS 115.17h, 115.217h, 115.317h)

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)

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1. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CEC will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. (PREANS 115.18a, 115.218a, 115.318a)
2. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CEC will consider how such technology may enhance the facility/program's ability to protect residents from sexual abuse. (PREANS 115.18b, 115.218b, 115.318b)

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)

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2. To the extent the facility is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions (PREANS 115.21a, 115.221a, 115.321a).
3. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011 (PREANS 115.21b, 115.221b, 115.321b).
4. The facility shall offer all victims of sexual abuse access to forensic medical examinations through an outside agency or hospital without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs (PREANS 115.21c, 115.221c, 115.321c).
5. The facility shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides

similar victim services (PREANS 115.21d, 115.221d, 115.321d).

6. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals (PREANS 115.21e, 115.221e, 115.321e).

7. If the facility is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the following requirements (PREANS 115.21f, 115.221f, 115.321f):

8. For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

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.

The facility shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (PREANS 115.22a; 115.222a, 115.322a).

The facility shall ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior, and to document all such referrals. Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in the facility/program shall have in place a policy governing the conduct of such investigations. (PREANS 115.22b.c.d.e, 115.222b.c.d.e, 115.322b.c.d.e). If an external agency conducts the investigation, the facility/program shall be responsible to follow up with the agency and document requests to gain access to final reports.

The PREA Investigator will alert the Contract Agency that there has been a possible incident. At Coleman Hall, the contract agency will request all residents involved to be returned in order to investigate allegations of sexual abuse.

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)

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1. Staff members shall receive comprehensive training upon hire in the prohibition, identification, reporting and prevention of sexual assault/rape or sexual misconduct. The training shall meet all areas of PREANS 115.31a, 115.231a, 115.331a).

2. Annual in-service training on sexual assault/rape or sexual misconduct will be conducted.

3. PREA training shall be tailored to the gender of the residents at the employee's facility. Any employee who is reassigned from a male only facility to a female only facility, or vice versa, shall receive additional training relative to the gender of the residents at their new facility (PREANS 115.31b, 115.231b, 115.331b).

5. All training shall be documented. Through staff/ volunteer/ intern/ contractor signature or electronic verification, employees will document that they understand the training they received. (PREANS 115.31d, 115.231d, 115.331d) Refresher training shall be documented through a signature of understanding as well.

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.

All volunteers, interns and contractors who have repeated contact with residents must be trained in their responsibilities under this policy and procedure. The level and type of training shall be based on the services they provide and the level of contact they have with residents, but all will be notified of the agency’s zero-tolerance policy regarding sexual abuse, sexual assault/rape, sexual misconduct and sexual harassment and informed how to report such incidents. The facility shall maintain documentation confirming the volunteer/intern/contractor understands the training (PREANS 115.32a.b.c, 115.232a.b.c, 115.332a.b.c). Volunteers and contractors who do not have repeated contact with residents shall sign the Visitor’s Log which shall have a statement such as “This facility has zero-tolerance for all forms of sexual abuse and harassment. If you are involved or witness an incident of sexual abuse or harassment of our residents, you must report such immediately to the Lead Facility Administrator or designee”.

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.

Upon admission, all residents will receive an orientation that includes CEC’s zero-tolerance policy relating to sexual assault/rape or sexual misconduct and how to report it. This will also include information about sexual misconduct, including background information on PREA, prevention, intervention, self-protection, reporting, treatment and counseling and confidentiality. Training will occur via video presentation (“Facing Prison Rape II”) or through training curriculum approved by the Corporate Director of Training. This training must be in addition to what is provided in the Resident Handbook. (PREANS 115.33a, 115.233a, 115.333a)

3. The information will be communicated orally and in written form in a manner that is clearly understood by the resident, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills (PREANS 115.16a.b, 115.216a.b, 115.316a.b; 115.33d, 115.233c, 115.333d).

4. Residents will be required to sign an acknowledgment of having received this information. A copy of the acknowledgment will be maintained in the residents’ file. (PREANS 115.33e, 115.233.d, 115.333e)

5. The Prison and Jail facilities, within 30 days of intake, the agency shall provide a more comprehensive education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents (PREANS 115.33b). For Juvenile facilities (PREANS 115.333b), this comprehensive piece shall be within 10 days of intake and the facility shall ensure it is age appropriate.

At Community Confinement facilities, this facility shall provide refresher information regarding PREA with specific information as to procedures at the facility (PREANS 115.233b).

6. In addition to providing such education, the facility will ensure that information is continuously and readily available or visible to residents through posters, handbooks or other written formats (PREANS 115.33f, 115.233.e, 115.333f).

Zero Tolerance Policy: In no case will the notion of “consensual sex” in a custodial or supervisory relationship be allowed. Any sexual assault/rape or sexual misconduct between employees or agents of CEC and residents violates professional and ethical principals, and CEC policies. All allegations of sexual assault/rape or sexual misconduct will be investigated. If applicable, criminal charges will be filed and/or a professional standard investigation will be conducted which may result in corrective and/or disciplinary action, including termination. Failure of staff members to...

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.

1. In addition to the general training provided to all staff pursuant to this policy, the Lead Facility Administrator shall ensure that, to the extent the facility itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations. (PREANS 115.34a, 115.234.a, 115.334a)
2. Specialized training shall include age-appropriate techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative or criminal action. (PREANS 115.34b, 115.234.b, 115.334b)
4. All training shall be documented. Through staff/ volunteer/ intern/ contractor signature or electronic verification, employees will document that they understand the training they received (PREANS 115.34c, 115.234.c, 115.334c).
10. Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations (PREANS 115.34d, 115.234d, 115.334d).

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)

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.

Specialized Training: Medical and Mental Health Care (For the purposes of this policy, Mental Health Care practitioners shall be considered those who are licensed to provide mental health services to the population) 1. The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (PREANS 115.35a, 115.235a, 115.335a) How to detect and assess signs of sexual abuse; How to preserve evidence; How to report allegations or suspicions of sexual abuse; and

2. Medical staff shall be trained to not conduct forensic examinations (PREANS 115.35b, 115.235b, 115.335b).

3. All training shall be documented. Through staff/ volunteer/ intern/ contractor signature or electronic verification, employees will document that they understand the training they received (PREANS 115.35c, 115.235c, 115.335c).

4. Medical contractors shall also receive the training mandated for volunteers/interns/contractors mandated for all employees (PREANS 115.35d, 115.235d, 115.335d).

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.

Residents shall be assessed using the objective assessment instrument entitled the CEC PREA Screener – Corporate Form C-7 unless required differently by state regulations. Trained intake staff or case managers will complete the PREA Screener with the resident within 72 hours of arrival to the facility (whether new intake or a transfer) for potential vulnerabilities or tendencies with regards to sexually aggressive behavior. Housing assignments shall be made accordingly for any separation needs (PREANS 115.41a.b.c, 115.241a.b.c, 115.341a,b).

- 2. Residents identified as “high risk” shall be monitored, segregated if necessary, and counseled accordingly. For the purposes of this policy, “high risk” shall be defined as those residents with a history of sexually assaultive behavior.
- 3. Residents identified as “at risk” for sexual victimization shall be monitored, segregated if necessary, and counseled.
- 4. The intake screening shall consider, at a minimum, the following criteria to assess resident’s for risk of sexual victimization: (PREANS 115.41d.e, 115.241.d.e, 115.341c)
 - Whether the resident has a history of violent offenses
 - Whether the resident’s criminal history is exclusively nonviolent;
 - Whether the resident has been sexually abused
 - Whether the resident’s own purpose in being in the facility is to seek treatment for a mental health condition
- 5. Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions. (PREANS 115.41h, 115.241.h)
- 6. The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this section in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents (PREANS 115.41i, 115.241.i, 115.341e).
- 7. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive. (PREANS 115.41e, 115.241.e)
- 7. All information regarding a resident’s risk for sexual victimization or predatory behaviors shall be forwarded to the resident’s case manager to be included in the resident’s case plan. This case plan will travel with the resident throughout his/her term of supervision and serve as a method for information sharing between facilities and field services staff.
- 8. Within a set period of time, not to exceed thirty (30) days from the resident’s arrival at the facility, the facility will reassess the resident’s risk of sexual victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening (PREANS 115.41f, 115.241.f). This shall be accomplished using a chart review, however if information is discovered that reveals the resident may be likely as a victim or abuser, a full re-assessment will be completed using the PREA Screener (CEC Corporate Form C-7).
- 9. A resident’s risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness (PREANS 115.41g, 115.241.g)

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.

The agency shall use information from the risk screening conducted pursuant to this section to inform housing, bed, work, education, and program assignments with the goal of keeping separate, or under direct supervision of staff, those residents at high risk of being sexually victimized from those at high risk of being sexually abusive (PREANS 115.42a, 115.242.a, 115.342a).

The agency shall make individualized determinations about how to ensure the safety of each resident (PREANS 115.42b, 115.242.b).

In deciding where to assign a transgender or intersex resident, the facility shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether placement would present management or security problems (PREANS 115.42c, 115.242c, 115.342c).

A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration (PREANS 115.42e, 115.242.d, 115.342f)

Transgender and intersex residents shall be given the opportunity to shower separately from other residents. (PREANS 115.42f, 115.242e, 115.342g)

The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. (PREANS 115.42f, 115.242f, 115.342c)

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.

1. A resident may report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to any staff member, either verbally or in writing (PREANS 115.51a, 115.251a, 115.351a). A resident may correspond directly with the Lead Facility Administrator or Corporate Senior Management if desired.

2. The facility/program shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse or sexual harassment to agency officials, allowing the resident to remain anonymous on request (PREANS 115.51b, 115.251b, 115.351b). Residents detained for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. In Juvenile facilities, the facility/program will provide residents with access to tools necessary to make a written report (PREANS 115.351d).

3. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports

(PREANS 115.51c, 115.251c, 115.351c).

4. Staff shall be able to privately report sexual abuse and sexual harassment of residents in writing to the Lead Facility Administrator or Corporate Senior Management. Staff also have access to the Ethics Hotline, an anonymous hotline established to provide a vehicle for all employees to report alleged or perceived abuses, or suspected capricious or illegal acts committed by any CEC staff member (refer to CEC Policy #300.36) (PREANS 115.51e, 115.251e, 115.351e).

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.

1. The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

2. The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

3. Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

4. The agency shall ensure that is the subject of the complaint, and

Member who alle

Such grievance is not

5. The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

6. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

7. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

8. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

10. The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

11. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

12. The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

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.

1. The facility/program shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible (PREANS 115.53a, 115.253a, 115.353a).
2. The facility/program shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws (PREANS 115.53b, 115.253b, 115.353b).
3. The facility/program shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements (PREANS 115.53c, 115.253c, 115.353c).

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.

The facility/program shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. (PREANS 115.54, 115.254, 115.354)
Posters indicating the procedures are to be posted in all institutions where residents and visitors can see them.

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.

1. All staff shall report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of

sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation (PREANS 115.61a, 115.261a, 115.361a).

2. Any information regarding sexual misconduct that is received by any staff member, medical, mental health or treatment provider, chaplain, contractor, or volunteer shall be immediately reported to the Lead Facility Administrator to initiate the appropriate follow-up actions. Staff members, contract employees, volunteers, or employees of CEC who receive any information, regardless of its source, concerning sexual assault/rape or sexual misconduct, or who observe an incident of sexual assault/rape or sexual misconduct, are required to immediately report the information or incident directly to the Lead Facility Administrator or designee for subsequent investigation.
3. Reports by staff shall be made in writing utilizing the chain-of-command or by sending information directly to the appropriate Corporate Senior Manager or designee.
4. Staff may report directly to the appropriate Corporate Senior Manager whenever they feel that following the chain of command would jeopardize the investigation. However, staff may be asked to justify why the chain of command was superseded for the particular incident.
5. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions (PREANS 115.61b, 115.261b, 115.361c).
6. All reports must be documented on a CEC PREA Incident Report form (CEC Corp Form – 8). The incident report must be submitted to the Corporate PREA Coordinator as soon as possible and will be logged by the Corporate PREA Coordinator or designee for the purpose of analysis and follow up (see Data Collection and Analysis in this policy for further details).
7. In Community Confinement and Prison and Jail facilities, unless otherwise precluded by federal, state or local law, medical and mental health practitioners shall be required to report sexual abuse and to inform the resident of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services (PREANS 115.61c, 115.261c).
8. In Community Confinement and Prison and Jail facilities, if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws (PREANS 115.61d, PREANS 115.261d). 9. Regardless of any non-statutory confidentiality obligation (e.g. privileged communication such as therapist-client, doctor-patient, clergyman-penitent; etc.), all staff have an affirmative obligation to report any resident who has reported to them a sexual assault allegation. The staff member must report the relevant information, including who, what, when and where, of the allegation.
9. The facility/program shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility/program’s designated investigators. (PREANS 115.61e, 115.261e, 115.361f)

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.

When the facility/program learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident (PREANS 115.62, 115.262, 115.362).

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.

1. Upon receiving an allegation that a resident was sexually abused while confined at another facility/program, the Lead Facility Administrator shall notify the head of the facility or appropriate official of the agency where the alleged abuse occurred. (PREANS 115.63a, 115.263a, 115.363a)
2. Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation (PREANS 115.63b, 115.263b, 115.363b).
3. The facility/program shall document that it has provided such notification. (PREANS 115.63c, 115.263c, 115.363c).
4. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with this policy (PREANS 115.63d, 115.263d, 115.363d).

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.

1. Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify operations staff (PREANS 115.64b, 115.264b, 115.364b).
2. The first operations staff to respond to the report shall be required to: (PREANS 115.64a, 115.264a, 115.364a)
 Separate the alleged victim and abuser, if they have not already been separated; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; If the period that is allowed for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and If the period that is allowed for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.
3. The facility shall not rely on resident interpreters, resident readers or other types of resident assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under PREANS 115.64/115.264/115.364 or the investigation of the resident's allegations (PREANS 115.16c, 115.216c, 115.316c).

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.

The agency shall develop a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility/program shall review this plan and revise it to ensure it is specific to the facility, noting outside agencies for investigative bodies and support (PREANS 115.65; 115.265; 115.365).

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 facility/program shall not enter into any agreement that limits the ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted (PREANS 115.66a, 115.266a, 115.366a). ~~Not the renewal of agreements that alter the conduct of the disciplinary process or whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not sustained (PREANS 115.66b, 115.266b, 115.366b).~~

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.

1. The facility/program will protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation (PREANS 115.67a, 115.267a, 115.367a).
2. Multiple protection measures shall be employed, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations (PREANS 115.67b, 115.267b, 115.367b). Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of PREANS 115.42/115.242/115.342 (PREANS 115.68, 115.268, 115.368).
3. Within 72 hours of a report, the Retaliation Monitor shall meet directly with the resident and document such on CEC Corporate Form #10 Retaliation Monitoring. This will occur every 15 days after the initial meeting; for at least 90 days. The Retaliation Monitor will monitor the conduct of all residents and staff who report sexual abuse or sexual harassment, have suffered the alleged sexual abuse reported, and/or have cooperated with sexual abuse or sexual harassment investigations to see if there are changes that may suggest possible retaliation by

residents or staff, and shall act promptly to remedy any such retaliation.

4. This monitoring is only necessary if the individual involved is still in the facility.

5. Each time monitoring for retaliation occurs, the Retaliation Monitor shall meet with the individual being monitored and discuss whether or not they fear being retaliated against for reporting the incident, being the alleged victim, or for cooperating with the investigation. Each category listed on CEC Corporate Form #10 Retaliation Monitoring shall also be addressed.

6. In the event that the individual being monitored leaves the facility and then returns within 90 days of the incident being reported, monitoring for retaliation must be conducted as if the individual never left the facility.

7. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. (PREANS 115.67c, 115.267c, 115.367c).

8. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation (PREANS 115.67e, 115.267e, 115.367e).

9. The obligation to monitor shall terminate if the Lead Facility Administrator or designee determines that the allegation is unfounded (PREANS 115.67f, 115.267f, 115.367f).

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.

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations. (PREANS 115.271.b)

If an external agency conducts the investigation, the facility/program shall be responsible to follow up with the agency and document requests to gain access to final reports.

Investigators shall gather and preserve direct and circumstantial evidence,

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including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator (PREANS 115.71c, 115.271c, 115.371c).

interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution (PREANS 115.71d, 115.271d, 115.371e).

recants the allegation (PREANS 115.371d). The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation (PREANS 115.71e, 115.271e, 115.371f).

13. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings (PREANS 115.71f, 115.271f, 117.371g).

14. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible (PREANS 115.71g, 115.271g, 117.371h).

15. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution (PREANS 115.71h, 115.271h, 117.371i).

16. The facility/program shall retain all written reports regarding the investigation for as long as the alleged abuser is incarcerated or employed by the agency, plus five years (PREANS 115.71i, 115.271i, 117.371j).

17. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation (PREANS 115.71j, 115.271j, 117.371k).

18. Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements (PREANS 115.71k, 115.271k, 117.371l).

19. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation (PREANS 115.71l, 115.271l, 117.371m).

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.

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated ((PREANS 115.72, 115.272, 117.372).

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.

Upon completion of an investigation

The agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded (PREANS 115.73a, 115.273a, 115.373a). If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate (PREANS 115.73b, 115.273b, 115.373b);

member has committed sexual abuse against the resident, the facility/program shall subsequently inform the inmate (unless it is determined that the allegation is unfounded) whenever (PREANS 115.73c, 115.273c, 115.373c): o The staff member is no longer posted within the resident's unit; o The staff member is no longer employed at the facility; o The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or o The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

facility/program shall subsequently inform the alleged victim whenever (PREANS 115.73d, 115.273d, 115.373d): o The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or o The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

documented

(PREANS 115.73e, 115.273e, 115.373e).

from the agency's custody (PREANS 115.73f, 115.273f, 115.373f).

Standard shall terminate if the report is released

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.

1. Sexual Misconduct is Prohibited and Will Be Sanctioned. Sexual misconduct, either resident-on-resident or staff-on-resident, is prohibited regardless of whether either or both of the participants believed the act was consensual. Facility discipline, subject to criminal sanctions, or both. Residents will be investigated and all substantiated cases shall be turned over to the local County Attorney's Office for possible criminal prosecution. CEC Residents all sex and may discipline residents for such activity. However, sexual activity between residents may not be deemed to constitute sexual abuse for the purposes of this policy and reporting of sustained PREA sexual abuse incidents if it is determined that the activity was not coerced.
2. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. (PREANS 115.76a, 115.276a, 115.376a) Additionally, staff may be subject to criminal sanctions.
4. Disciplinary sanctions for violations of CEC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. (PREANS 115.76c, 115.276c, 115.376c)
5. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. (PREANS 115.76b, 115.276b, 115.376b) All terminations for violations of CEC's sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. (PREANS 115.76d, 115.276d, 115.376d)

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.

1. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal (PREANS 115.77a, 115.277a, 115.377a).
2. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer (PREANS 115.77b, 115.277b, 115.377b).

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 prohibits all sexual activity between residents and may discipline residents for such activity. However, sexual activity between residents may not be deemed to constitute sexual abuse for the purposes of this policy and reporting of sustained PREA sexual abuse incidents if it is determined that the activity was not coerced. (PREANS 115.278.g)

2. 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 (PREANS 115.78a, 115.278a, 115.378a).

3. 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 (PREANS 115.78b, 115.278b, 115.378b).

4. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed (PREANS 115.78c, 115.278c, 115.378c).

5. If the facility/program offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility/program shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits (PREANS 115.78d, 115.278d, 115.378d).

6. The facility/program may discipline a resident for contact with staff only upon a finding that the staff member did not consent to such contact (PREANS 115.78e, 115.278e, 115.378e).

7. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation (PREANS 115.78f, 115.278f, 115.378f).

CEC prohibits all sexual activity between residents and may discipline residents for such activity. However, sexual activity between residents may not be deemed to constitute sexual abuse for the purposes of this policy and reporting of sustained PREA sexual abuse incidents if it is determined that the activity was not coerced. (PREANS 115.278.g)

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.

1. Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by the medical and mental health practitioners according to their professional judgment (PREANS 115.82a , 115.282a, 115.382a).

2. Where available, if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, operations staff first responders shall take the preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. (PREANS 115.82b , 115.282b, 115.382b) Where medical staff are not available, the Lead Facility Administrator or designee will contact the contracted medical department or local medical facility.

3. Staff member victims will be immediately transported to a local medical facility for necessary medical care and the collection of evidence.

4. Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate (PREANS 115.82c, 115.282c, 115.382c).

5. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (PREANS 115.82d , 115.282d, 115.382d).

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.

7. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility (PREANS 115.83a , 115.283a, 115.383a).
8. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody (PREANS 115.83b , 115.283b, 115.383b).
9. The facility shall provide such victims with medical and mental health services consistent with the community level of care (PREANS 115.83c , 115.283c, 115.383c).
10. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from sexual abuse, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services (PREANS 115.83de, 115.283de, 115.383de).
11. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate (PREANS 115.83f, 115.283f, 115.383f).
12. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (PREANS 115.83g , 115.283g, 115.383g).

The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners (PREANS 115.83h, 115.283h, 115.383h).

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.

1. The facility/program shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation (whether conducted by an external agency or trained internal staff), including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded (PREANS 115.86a, 115.286a, 115.386a).
2. Such review shall normally occur within thirty (30) days of the conclusion of the investigation (PREANS 115.86b, 115.286b, 115.386b).
3. The review team shall include Corporate Senior Management or designees and CEC Corporate PREA Coordinator or designee, with input from line supervisors, investigators, and medical or mental health practitioners (PREANS 115.86c, 115.286c, 115.386c).
4. The review team shall: (PREANS 115.86d, 115.286d, 115.386d)
 - Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - Consider whether the allegation or investigation indicates a need to address whether the area is vulnerable to sexual abuse by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - Assess whether the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - Assess whether the area during different shifts;
 - Assess whether the area is staffed appropriately;
 - Prepare a report of its findings and recommendations for improvement and submit such report to the Lead Facility Administrator and facility PREA compliance manager.

5. The facility/program shall implement the recommendations for improvement or shall document its reasons for not doing so (PREANS 115.86e, 115.286e, 115.386e).

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.

1. The facility/program shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument (PREA Incident Report CEC Corp Form, Corp – 8) and set of definitions developed by the Corporate PREA Coordinator and approved by Corporate Senior Management (PREANS 115.87a, 115.287a, 115.387a).
2. Upon the report of a PREA incident, the designated facility PREA Manager will initiate a PREA Incident Report (CEC Corp Form, Corp-8). The facility PREA Manager shall submit this form to the Corporate PREA Coordinator or designee as soon as possible after an incident occurs and again once the investigation is finalized. (Refer to PREA Incident Report Instructions – CEC Corp Form, Corp 10.)
3. The Corporate PREA Coordinator shall maintain logs and records of all allegations and investigations of sexual misconduct to include information on the outcome of any criminal or disciplinary charges.
4. All case records associated with claims of sexual abuse, including incident reports, investigative reports, resident information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be retained in accordance with the contract agency requirements.
5. The Corporate PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually (PREANS 115.87b, 115.287b, 115.387b).
6. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (PREANS 115.87c, 115.287c, 115.387c).
7. The Corporate PREA Coordinator shall maintain, review, and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. ((PREANS 115.87d, 115.287d, 115.387d).
8. It will be the duty of the Corporate PREA Coordinator to collect all necessary reports and information from completed investigations on sexual assaults and misconduct required by the U.S. Department of Justice, Bureau of Justice Statistics (BJS). If a facility is requested by the DOJ/BJS for a report, the facility PREA Manager must immediately contact the Corporate PREA Coordinator for instruction.
9. The Corporate PREA Coordinator will report to the BJS on a yearly basis. The report shall include the specifications of the Survey on Sexual Violence required under PREA for BJS. Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 ((PREANS 115.87f, 115.287f, 115.387f).

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.

1. At any point in time, the Lead Facility/Program Administrator may request the aggregated data for their facility through the Corporate PREA Coordinator or designee. The Corporate PREA Coordinator or designee will, on an annual basis, send each Lead Facility/Program Administrator and Facility PREA Manager the data collected for that specific facility/program.
2. The Corporate PREA Coordinator shall review data collected and aggregated pursuant to, in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (PREANS 115.88a, 115.288a, 115.388a). Identifying problem
- and corrective actions for each facility/program, as well as the company as a whole.
2. Reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse (PREANS 115.88b, 115.288b, 115.388b).
3. The report shall be approved by Corporate Senior Management and make readily available to the public through its website (PREANS 115.88c, 115.288c, 115.388c).
4. CEC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted (PREANS 115.88d, 115.288d, 115.388d).

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.

1. CEC and its facilities/programs shall ensure that data collected is securely retained (PREANS 115.89a, 115.289a, 115.389a).
2. The CEC shall make all aggregated sexual abuse data readily available to the public at least annually through its Web site (PREANS 115.89b, 115.289b, 115.389b).
3. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (PREANS 115.89c, 115.289c, 115.389c).
4. CEC shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise (PREANS 115.89d, 115.289d, 115.389d).

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.

Michael Radon

October 23, 2015

Auditor Signature

Date