

PREA AUDIT: AUDITOR'S SUMMARY REPORT

COMMUNITY CONFINEMENT FACILITIES



[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:		Community Education Centers (CEC) - Logan Hall	
Physical address:		20 Toler Place Newark, NJ 07114	
Date report submitted:		08/20/2015	
Auditor Information Jim Roland – The Nakamoto Group			
Address:		11820 Parklawn Drive, Suite 240 Rockville, MD 20852	
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Date of facility visit:		August 11-12, 2015	
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number:		973-642-4249	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input checked="" type="checkbox"/> Community Correctional facility	<input type="checkbox"/> Prison	
Name of PREA Compliance Manager:		Title:	
Lucille Leslie		Director	
Email address: lucille.leslie@ehcamerica.org		Telephone number:	973-642-4249
Agency Information			
Name of Agency: Community Education Centers			

Governing authority or parent agency: <i>(if applicable)</i>			
Physical address:		35 Fairfield Place Caldwell,NJ 07006	
Mailing address: <i>(if different from above)</i>			
Telephone number:		973-226-2900	
Agency Chief Executive Officer			
Name:	Steve Tomlin	Title:	Senior Vice President
Email address:	steve.tomlin@cecintl.com	Telephone number:	973-226-2900
Agency-Wide PREA Coordinator			
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AUDIT FINDINGS

NARRATIVE:

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of Logan Hall was conducted August 10-11, 2015. The facility consists of a six hundred and sixty-four (664) bed facility for adult males and females. Residents are referred through the New Jersey State Parole Board, the Federal Bureau of Prisons (BOP) and Union County, New Jersey. The standards used for this audit became effective August 20, 2012. The Director was interviewed on site. As part of the audit, a review of all PREA Policy and a tour of the facility was completed. At the time of this audit the facility employed one-hundred and thirty-four (134) staff. The resident population was four hundred and fourteen (414) with seventy-four (74) of that population being BOP residents both male and female. Twenty (20) residents were interviewed. Seventeen (17) incidents of sexual abuse or sexual harassment were reported from residents. All seventeen (17) inmates who reported were released into the community prior to this audit. All investigations were reviewed for compliance of investigation protocol. All seventeen (17) investigations were reviewed by the Director; none were referred to the police department for criminal investigation. All cases involved inmate-on-Inmate abuse or harassment with most cases being harassment. Five (5) cases were substantiated, four (4) cases were unsubstantiated, and eight (8) were unfounded. All cases were reviewed for compliance. A total of twenty (20) staff were interviewed: Ten (10) custody-treatment staff (from all three shifts, both male and female) and five (13) specialty staff were interviewed. Interview sheets were obtained for the Senior Vice President and the Corporate PREA Coordinator. The administrative staff interviewed included the Director, PREA Compliance Manager, Mental Health Staff, the Human Resources Manager, Health Services Administrator/RN, Investigator, three (3) Program Counselors, Program Coordinator, Operations Manager, Incident Review Team member and the Officer in Charge of monitoring retaliation.

When the auditor first arrived at the facility, an in-briefing was held with the Director, Corporate PREA Compliance Coordinator, Administrative Manager, and the facility PREA compliance manager, to explain the audit process. The auditor concluded, through interviews and the examination of policy and documentation, that all staff were knowledgeable concerning their responsibilities involving the PREA. During the interviews, the residents stated that staff were respectful and that they felt safe at the facility. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an allegation of sexual abuse/harassment were made.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The mission statement of Community Education Centers (CEC) is to provide a healthy, drug-free, safe and secure environment within which CEC will provide treatment and education services that focus on changing addictive and criminal behaviors. CEC will provide participants with the knowledge and skills necessary to lead a productive lifestyle prior to reintegration into the community.

Logan Hall provides a full array of residential reentry services designed to reduce recidivism, provide individual assessments, individual and group counseling, substance abuse treatment, life skills training, educational services, GED testing, family counseling, and housing referrals. Services provided focus on life skills to give residents the opportunity to reenter society in a productive manner.

The goal of Logan Hall is to provide services identified by the CEC skilled treatment team to assist residents with re-integration into society.

All residents are offered the services of the Alumni Association. The association provides supportive resources that assist in their reentry process. Federal Bureau of Prisons and New Jersey State Parole residents have access to institutions of higher educational and vocational schools that offer the opportunity to prepare for entering the workforce. CEC is the service provider for Education and Health Centers of America, Inc. at Logan Hall.

SUMMARY OF AUDIT FINDINGS:

When the on-site audit was completed, a "out-brief" meeting was held with a smaller group of staff attending than the "in-brief". No final rating was given at that time; however, the overall audit process was discussed. The auditor had been provided extensive and lengthy files of documentation prior to the audit, in an effort to support a conclusion of compliance with the PREA. During the course of the on-site visit, staff was found to be courteous, cooperative, and professional. All areas of the facilities toured were found clean and well maintained. At the conclusion of the out briefing the auditor thanked the CEC Logan Hall staff for their hard work and commitment to the Prison Rape Elimination Act.

Number of standards exceeded: 2

Number of standards met: 37

Number of standards not met: 0

§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)

The agency and the facility exceed the standard with policies and practice. Community Education Center (CEC) policy 1200.06 clearly meets this standard. The facility PREA Plan states zero tolerance as required by the standard. In addition to the facility PREA Compliance Manager, there is a designated Corporate PREA Coordinator and a PREA Compliance Coordinator assigned to each region in the agency to ensure the PREA standards are adhered to.

§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)

The agency complies with this standard. This was confirmed by a telephonic interview with the Agency Contract Administrator. All contract bids will include PREA standards of compliance in all contract bids starting July 1, 2015. The facility ensures that all contractors are escorted in all areas of the facility that would have contact with residents.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. Policy requires each facility within the agency to review their respective staffing plans on an annual basis. Compliance with the PREA and other safety and security issues are always of primary focus when considering and reviewing staffing plans according to the facility Director. CEC Logan Hall has been provided all necessary resources to support the programs and procedures to ensure compliance with the PREA. The audit included an examination of all resident access to phones, resident access to an email system and a review of all staffing rosters. Rounds (visits) are conducted by administrative staff on a weekly basis, and they are able to enter the units with no warning to staff. Also, interviews with residents and line staff confirmed that weekly visits are conducted by administrative staff to all areas of the facility. Convex mirrors and privacy partitions were installed in blind spots identified by the facility incident review team.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. The facility does not allow cross-gender searches of any kind by non-medical staff. All staff reported that they received cross-gender pat search training (including how to search transgender and intersex residents) during institution familiarization training, by watching a mandatory video, and during annual refresher training. Operations counselors reported that residents are always allowed to shower, dress, and use the toilet privately, without being viewed by staff of the opposite gender. Opposite gender staff announce their presence verbally when entering all areas holding residents. Announcements were observed by the auditor during the tour of all areas of the facilities. Staff were aware the policy prohibits the searching of a transgender or intersex resident to determine their genital status. The interviewed residents confirmed they were afforded significant privacy when using the toilet, changing clothes, or when showering and that announcements were made when opposite gender staff entered the housing units or

any area holding residents. PREA notifications (English and Spanish) are posted in each housing unit, the intake units, resident work areas, and in all resident program areas.

§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)

Community Education Center (CEC) policy 1200.06 addresses the components of this standard. CEC Logan Hall takes appropriate steps to ensure residents with disabilities and residents with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts, postings and resident handbooks are in English and Spanish. Staff interviewed were aware that under no circumstances are resident interpreters or assistants to be used in dealing with any PREA related matter.

§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)

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

§115.218 – Upgrades to Facilities and Technology

- Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The video system included twelve (12) video cameras for the facility. These camera systems were installed in locations identified as blind spots by the Administrative Review Team.

§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)

Community Education Center (CEC) policy 1200.06 addresses compliance with all aspects of this standard. Custody staff were interviewed concerning this standard. Staff reported knowledge of the facilities' procedures to obtain usable physical evidence if sexual abuse is alleged. The facility uses the Newark Police Department for collection of forensic evidence. Staff were aware that an outside source conducts all investigations. Specific actions and clinical decisions are required to determine if a resident is to be transported to the local hospital to receive a SAFE (Sexual Assault Forensic Examiner) exam. No SAFE exams were conducted within the last year. The facility has contracted with a local hospital, University Hospital, to provide these services (the resident will not be charged for any services related to PREA compliance). A Memorandum of Understanding is in place with Safe of Essex County, the local rape crisis center.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. Administrative or criminal investigations would be completed on all allegations of sexual abuse and sexual harassment. The facility Director completes all administrative investigations. If, during the course of an investigation, evidence surfaces indicating criminal misconduct, the investigation would be referred to the Newark Police Department. There were seventeen (17) allegations of sexual abuse or harassment during the last year. No residents were interviewed. All residents had been released prior to this review. All investigative packets were reviewed and all investigative protocols were followed.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. All staff, contractors, and volunteers are provided training relative to their PREA responsibilities. Much of this training was provided through courses on PREA provided by the facility. Training curricula was reviewed for content. Annual Refresher Training with PREA as a topic is also provided to all employees. Staff acknowledge in writing their understanding of the PREA. All staff were issued and carry an embossed reference card detailing their duties and responsibilities as first responders. Staff interviewed indicated that they received the required PREA training.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. During the past 12 months all volunteers received training related to their responsibilities concerning the PREA (zero-tolerance, detection, prevention, response, and reporting requirements). All training is documented. Some contractors will be required to be trained in PREA as a requirement in their Scope of Work in upcoming bid proposals after July 1, 2015. All contractors who have repeated contact with residents are trained in PREA policies. All others are escorted within the facility and have no direct contact with residents. Training records were reviewed for compliance.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. Residents receive information at time of intake verbally, in a PREA pamphlet, and there is information provided in the resident handbook (provided to residents at the time of intake in English/Spanish). Provisions are in place to meet the needs of all disabled residents. There are posters throughout the facility, and the “hotline” phone number to call to report abuse or harassment is displayed in each housing unit. Residents sign an acknowledgement of having received this information at the time of intake. Orientation training is conducted with all residents with seventy-two (72) hours of arrival at the facility.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. The Director or designee has received specialized training relevant to the PREA. The Director was interviewed and explained to the auditor in detail the steps to be taken during a PREA-related investigation. The training records reviewed confirmed completion of the required instruction.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. All mental health and medical staff have received specialized training on victim identification, interviewing, reporting, and required clinical interventions. Annual refresher training is provided, and all training is documented. Residents are referred to the local ER if required. Training records were reviewed for compliance.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. All residents are immediately assessed at intake for their risk of being sexually abused by other residents or being sexually abusive towards other residents. A Clinical Supervisor also screens all new arrivals within their first 72 hours following arrival. At the time of arrival, staff also conduct the screening by reviewing records or other information from another facility or other source which may be relevant to compliance with this standard. Residents identified as high risk for sexual victimization or at risk of sexually abusing other residents would be referred to a mental health professional for further assessment. Careful housing assignment (placement in a housing unit with additional supervision) or other appropriate action would then be considered to address the resident's needs. Any information received after intake is immediately considered, and may result in a change in housing or other necessary action. Status reassessments, by policy, will occur every 90 days. Staff interviews and observations of the intake process confirmed this information.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. Policy requires the use of a screening form to determine housing, bed, work, education, and program assignments with the goal of keeping residents at high risk of being sexually victimized separate from those who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis. There is in place a procedure for providing continued re-assessment and follow-up monitoring if needed.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. A review of documentation indicated that there are multiple ways (including privately and anonymously) for residents to report sexual abuse or harassment. The operations counselors interviewed

stated staff and residents may privately report any abuse, harassment, or neglect verbally, in writing, anonymously or by a third party. Staff will immediately document any allegation. Posters and other documents are on display throughout the facility explaining the reporting procedures.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. Residents may file a grievance; however, all allegations of abuse or harassment, when received by staff, would immediately result in the opening of a formal investigation (criminal or administrative). This process would not involve staff who may be the subject of the complaint. There have been no grievances involving PREA related issues filed during the previous year.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse, by posting and providing PREA brochures, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available for Save of Essex County and the Office of the Attorney General. The facility enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible

§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)

The facilities flyer entitled “Sexual Assault is a Crime” addresses the requirements of this standard. Third-parties are informed of reporting procedures on the facility toll free hotline.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. Staff interviewed were aware that they must immediately report allegations of abuse, harassment, retaliation, or neglect relevant to the PREA. Compliance with all aspects of the standard was verified through a review of the policy and staff / resident interviews. All staff carry a first responder action card with their personal ID card and were able to list all of the steps of a first responder's responsibilities.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. The operations counselors interviewed stated their duties and responsibilities if they became aware of a resident being in imminent risk for abuse (first-responder or otherwise). Certain immediate, mandatory actions to protect the resident would take effect. Operations counselors produced a card during the interview, issued by the facility, outlining all actions to be taken by staff who became aware of imminent sexual abuse or harassment.

§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)

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

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. All staff interviewed were very knowledgeable concerning their first responder duties and responsibilities upon learning of an allegation that a resident had been the victim of sexual abuse. The operations counselors interviewed quoted specific actions (such as protection of the victim and preservation of evidence) to be taken, in compliance with the PREA. All staff, including the Director, were carrying an embossed card as reference to direct them as to their responsibilities as a first responder to an allegation of a PREA incident. There have been three incidents within the previous year requiring first responder actions. All incidents were reviewed and found to be compliant to this 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)

Community Education Center (CEC) policy 1200.06 addresses this standard. This policy fully describes procedures for all staff to comply with this 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)

Community Education Center (CEC) policy 1200.06 addresses this standard. First responder duties include the protection of residents from their abuser(s).

§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)

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

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. The Director or designee conducts administrative investigations within the facility. If an allegation appears to be criminal in nature, the Newark Police Department is contacted for a criminal investigation. If the Newark Police Department substantiates the allegation the case is to be referred to the City Prosecutor's Office for prosecution. There were no criminal investigations reported in the last twelve months. All incidents are recorded on a PREA

Incident Form. All allegations were reviewed by this auditor for compliance to all required protocols in criminal and administrative investigations.

§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)

Community Education Center (CEC) policy 1200.06 meets this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. There have been seventeen (17) investigations initiated during the previous year. All outcomes were reported to residents.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. During the previous year, no staff member was disciplined in any manner nor has any resigned for violating agency sexual abuse or sexual harassment policies.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. During the previous year there have not been any incidents where a contractor or volunteer was accused of sexual abuse or sexual harassment at CEC Logan Hall.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. CEC Logan Hall has had seventeen (17) incidents of sexual misconduct between residents in the past year. CEC Logan Hall 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.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. CEC Logan Hall has had no resident in need of access to emergency medical or mental health treatment relevant to the PREA within the previous year. If a need occurred, the facility would comply with all actions required by this standard (free treatment, documentation of services, information about sexually transmitted disease, confidentially).

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. No resident has been determined to need this type of treatment within the previous year.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. Staff interviews confirmed that at the conclusion of an investigation of sexual abuse there would be a review by the institution executive staff of all allegations other than those determined to be unfounded as required by this standard. The auditor did review the investigation documentation for compliance.

§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)

Community Education Center (CEC) policy 1200.06 addresses this standard. CEC Logan Hall would collect accurate uniform data for every allegation of sexual abuse by using a standardized instrument (Incident Report Corp. Form). The report allows the facility to submit the annual DOJ Survey of Sexual Violence in a timely fashion, prepare an annual PREA report, monitor trends, and take corrective action when indicated. The required incidents have been reported during the previous year.

§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)

CEC reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and to identify problem areas and take corrective action. The Institution PREA Compliance Manager ensures the data collected on sexual abuse for resident-on-resident cases is forwarded to his/her respective CEC Regional PREA Coordinator annually. The National PREA Coordinator ensures the information is provided for purposes of agency reporting. An annual report is prepared and published on the CEC website.

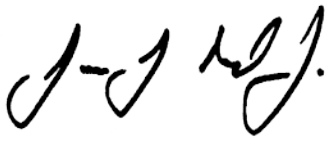
§§115.289 – Data Storage, Publication, and Destruction

- 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)

Community Education Center (CEC) policy 1200.06 addresses this standard. The CEC Corporate PREA Coordinator reviews data compiled by the CEC Regional PREA Coordinators and from this information issues a report to the CEO on an annual basis. The data is securely retained and published on the CEC website. The required reports cover all data noted in this standard, and are securely retained in a file.

AUDITOR CERTIFICATION:

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

A handwritten signature in black ink, appearing to be "J-J H.J.", written above a horizontal line.

Auditor Signature

08/18/2015

Date