

PREA AUDIT: AUDITOR'S SUMMARY REPORT

Juvenile Facilities

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

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

Name of facility:	Camp Aspen		
Physical address:	5300 Broad River Road Columbia, SC 29212		
Date report submitted:	08/08/14		
Auditor Information	James L. Roland Jr. – The Nakamoto Group		
Address:	11820 Parklawn Drive, Suite 240 Rockville, MD 20852		
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Telephone number:	419-610-5668		
Date of facility visit:	July 28 and 29, 2014		
Facility Information			
Facility mailing address: (if different from above)			
Telephone number:	(803) 551-1100		
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 type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input checked="" type="checkbox"/> Other
Name of PREA Compliance Manager:	Maria Speaks	Title: PREA Compliance Manager	
Email address: maria.speaks@cecintl.com		Telephone number:	434-332-7354
Agency Information			
Name of agency:	Community Education Centers		
Governing authority or parent agency:			
Physical address:	35 Fairfield Place West Caldwell, New Jersey 07006		
Mailing address: (if			

<i>different from above)</i>			
Telephone number:		973-226-2900	
Agency Chief Executive Officer			
Name:	John J. Clancy	Title:	Chairman and CEO
Email address:		Telephone number:	973-226-3000
Agency-Wide PREA Coordinator			
Name:	Scott Faunce	Title:	Agency PREA Coordinator
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AUDIT FINDINGS

NARRATIVE:

The site visit for PREA audit of the Camp Aspen facility was conducted on July 28-29, 2014 to determine compliance with the 2012 Prison Rape Elimination Act standards. During the audit, the auditor toured the facility and conducted formal staff and inmate interviews. The auditor interviewed 10 juveniles (10 random juveniles from all of the housing units). In addition, the auditor questioned 10 staff and officers, (8 specialized staff and 2 random Correctional Officers), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation. Specialized staff interviewed included the Superintendent, PREA compliance manager, PREA retaliation manager, human resource manager/training officer.

An entrance meeting was held with the following persons in attendance: Director Erin Moffitt, Special Assistant to the Chief Operating Officer Scott Faunce, PREA Compliance Coordinator Maris Speaks, PREA Retaliation Manager Glen Speaks.

There are currently 34 juveniles assigned to the facility. Following the entrance meeting, I toured the facility from 8:30 a.m. to 9:30 a.m, Eastern Standard Time. In the last calendar year, there were two sexual assault/harassment allegation cases. One which was founded and staff discipline was issued, the other is still pending in investigation.

DESCRIPTION OF FACILITY CHARACTERISTICS:

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

Their Mission Statement 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 knowledge and skills necessary to lead a productive lifestyle prior to reintegration into their communities.

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

The auditor found the staff and inmates to be very well aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The staff has all had extensive training on how to identify signs of sexual assault/harassment and how to deal and treat victims of sexual assault and or sexual harassment. There have been two allegations of sexual harassment or abuse from staff, inmates, or volunteers.

SUMMARY OF AUDIT FINDINGS:

An exit meeting was held with the following persons in attendance: Director Erin Moffitt, Special Assistant to the Chief Operating Officer Scott Faunce, PREA Compliance Coordinator Maris Speaks, PREA Retaliation Manager Glen Speaks.

Number of standards exceeded:	2
Number of standards met:	37
Number of standards not met:	0
Not Applicable:	2

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

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

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

§115.312 - Contracting with other entities for the confinement of residents

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

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

§115.313 – Supervision and Monitoring

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

Director Moffitt completes an annual review of the post audits and staffing plan. CEC Operating Procedure 1200.06 clearly meets this standard. There are adequate resources to meet PREA and other confinement requirements. The review included an assessment of the facilities' phone access and staffing levels. They do not operate below the critical post requirements. Documentation of unannounced rounds that cover all shifts was reviewed. There are no video camera systems on this facility.

§115.315 – Limits to Cross-Gender Viewing and Searches

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

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

§115.316 – 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)

CEC Operating Procedure 1200.06 page 18 clearly meets this standard.

The facility is a part of the South Carolina Department of Juvenile Justice School District. Services can and would be contracted with them to provide services. The facility also has a SC Certified Special Education Teacher on staff.

§115.317 – Hiring and Promotion Decisions

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

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

§115.318 – Upgrades to Facilities and Technology

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

Presently there are no plans to modify existing building. However the onsite administrative team has identified institutional blind spots and has added addition posts for supervision in those areas.

§115.321 – Evidence Protocol and Forensic Medical Examinations

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

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

§115.322 – Policies to Ensure Referrals of Allegations for Investigations

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

CEC Operating Procedure 1200.06 pages 22, 23, 24, 25, and 26 were reviewed during on-site inspection to verify the components are met. All investigations are done by the Department of Juvenile Justice. There have been two allegations of sexual abuse or sexual harassment in the past twelve months. One was substantiated and the employee received discipline for verbal impropriety. The other is under investigation with the outcome still pending.

§115.331 – Employee Training

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

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

§115.332– Volunteer and Contractor Training

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

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

§115.333 – Resident Education

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

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

§115.334 – Specialized Training: Investigations

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

CEC Operating Procedure 1200.06 pages 5 and 25 meet the requirements of the standard. Preliminary gathering of information of suspected incidents are conducted by the facility director. Facility investigations are conducted outside of the facility by the Department of

Juvenile Justice (DJJ). These investigators receive specialized training for conducting sexual abuse investigations.

§115.335 – Specialized training: Medical and mental health care

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

CEC Operating Procedure 1200.06 page 5, and 6. The facility does not have medical staff or a medical department. All medical services are done off-site. The mental health staff has all received specialized training identified on victim identification, interviewing, reporting, and interventions for mental health staff.

§115.341 – Screening for Risk of Victimization and Abusiveness

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

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

§115.342 – Use of Screening Information

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

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

§115.351 – Resident Reporting

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

Based on staff and juvenile interviews, this is clearly documented. The procedures for reporting are clearly stated in the resident handbook, on posters and through CEC operating procedures.

§115.352 – Exhaustion of Administrative Remedies

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

CEC Operating Procedure 1200.06 page 16 covers the elements of this standard. Two grievances were filed last year that alleged sexual abuse. Both grievances were reviewed by this auditor for compliance of the standard.

§115.353 – Resident Access to Outside Confidential Support Services

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

Residents are provided emergency services and support through the free phone call services that the residents are allowed to make. The number is posted in each housing unit.

§115.354 – Third-Party Reporting

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

This information is made available to residents through posters and their resident handbook.

§115.361 – Staff and Agency Reporting Duties

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

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

§115.362 – Agency Protection Duties

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

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

§115.363 – Reporting to Other Confinement Facilities

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

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

§115.364 – Staff First Responder Duties

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

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

§115.365 – Coordinated Response

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

CEC Operating Procedure 1200.06 page 18 addresses this standard.

§115.366 – 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)

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

§115.367 – Agency protection against retaliation

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

CEC Operating Procedure 1200.06 page 20 includes all components of this standard. PREA Retaliation Manager Savage is assigned to monitor for possible retaliation.

§115.368 – Post-Allegation Protective Custody

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

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

§115.371 – Criminal and Administrative Agency Investigations

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

CEC Operating Procedure 1200.06 pages 22 and 26 cover these components. During the last 12 months there have been two allegations. I have reviewed both investigations for correct compliance steps. One resulted in discipline to a staff member. The other is still pending in investigation.

§115.372 – Evidentiary Standard for Administrative Investigations

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

CEC Operating Procedure 1200.06 pages 27 and 28 cover these standard requirements. There have been two allegations within the last twelve months. Both investigation packages were reviewed for compliance.

§115.373 – 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)

CEC Operating Procedure 1200.06 page 27 cover these standard requirements. There have been two allegations within the last twelve months. Both investigation packages were reviewed for compliance. The resident was informed promptly during and after the investigation.

§115.376 – Disciplinary sanctions for staff

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

CEC Operating Procedure 1200.06 pages 29 and 30 include all the components of this standard. There have been two allegations within the last twelve months. Both investigation packages were reviewed for compliance. One of those packages resulting in employee discipline. The other is still pending.

§115.377 – Corrective action for contractors and volunteers

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

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

§115.378 – Disciplinary sanctions for 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)

CEC Operating Procedure 1200.06 pages 29, 30, and 31. Address all disciplinary sanctions for juvenile residents. This is also stated in the resident handbook.

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

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

CEC Operating Procedure 1200.06 page 9. Through interviews with specialized staff, the facility has a thorough system for collecting this information and also has the capacity to

provide continued re-assessment and follow-up services as needed. No juvenile disclosed prior victimization during screening.

§115.382 – Access to emergency medical and mental health services

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

CEC Operating Procedure 1200.06 page 32 addresses the components of this standard.

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

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

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

§115.386 – Sexual abuse incident reviews

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

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

§115.387 – Data Collection

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

This is covered in CEC Operating Procedure 1200.06 pages 34, 35, and 36.

§115.388 – Data Review for Corrective Action

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

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

§§115.389 – Data Storage, Publication, and Destruction

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

CEC Operating Procedure 1200.06 pages 35, and 36 covers the components of this standard. The 2013 Annual Report was reviewed.

AUDITOR CERTIFICATION:

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



James L. Roland Jr.

Auditor Signature

8/04/2014

Date

