

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



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

Name of facility: Casper Re-Entry Center			
Physical address: 10007 Landmark Lane - Casper, WY 82604			
Date report submitted: 08/17/2014			
Auditor Information Richard McVicar			
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Date of facility visit: July 21 - 23, 2014			
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number: 307-268-4840			
The facility is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> County	<input checked="" type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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Governing authority or parent agency: <i>(if applicable)</i>			
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AUDIT FINDINGS

NARRATIVE:

I toured Casper Re-Entry Center on the first morning of the audit (07/21/14). I was accompanied by Facility Director Rick Catron, PREA Administrator Dulce Garcia, and Mr. Scott A. Faunce, Special Assistant to the Chief Operating Officer of Community Education Centers, Inc. We toured all occupied and unoccupied areas of the facility. I made multiple informal contacts with both security staff and non security staff relative to their duties and with regard to PREA related questions. Staff were aware of their responsibilities under PREA and provided affirmative responses to multiple questions aimed at testing knowledge of both security, clinical, and support staff responsibilities. Staff gave appropriate answers to questions regarding inmate confidentiality and their roles in managing sexual assaults. Staff morale was good and it was obvious that PREA requirements had been stressed by the facility administrator and his leadership team. Inmate mood was very good. Inmates seemed anxious to answer any question I had concerning PREA and gave affirmative answers to questions regarding their knowledge of how to report cases of sexual abuse, how to use the available hot lines, and whether they felt safe at this facility. While inmates seemed content with availability of the PREA crisis “hot-line”, when we attempted to call the posted number the hot-line did not work (on any inmate phone). This concern received the facility Director’s personal attention during the course of the next three days and, while improvement was made, the hot line operation was still problematic on day 3 of this 3 day audit. Another concern I had during the tour was a clinical filing system in the work release program that was significantly behind in filing PREA related documents. This concern was remedied somewhat by responsible staff showing me the forms I was seeking. They hadn’t been filed yet. The facility Administrator took remedial action during the audit. Additionally, it was noted that the work release program was using an unapproved screening tool inconsistent with both PREA standards and CEC corporate policy. This concern is addressed in the summary report. Required PREA signage was in all living units or areas of high inmate concentration. All confidential files in intake, clinical services work areas, and health care unit were appropriately controlled. In all areas I observed use of surveillance cameras and monitored them from Central Control. Camera surveillance excluded strip search areas, showers, and restrooms. This auditor had no concern with inmate privacy issues related to video surveillance. The camera system is an obvious complement to the overall security task at this facility. The facility Administrator advised me that he and his staff are constantly reviewing ways to maximize staff utilization and use of the surveillance system. One camera has been recently added in the main reception area and four more have been requested for various areas of the facility. In all cases, inmate supervision appeared adequate and the inmate population was well controlled. There are only two segregation cells and neither was occupied. I am advised that there have been no PREA related placements in either of the cells. PREA Administrator Dulce Garcia provided me with staff and inmate rosters from which I selected 10 random staff and 10 random inmates for interviews. I also selected targeted interviews with staff. There were no inmates who met criteria for being interviewed beyond those that were randomly selected.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Casper Re-Entry Center located in rural Casper, Wyoming is a 400 bed co-ed adult correctional center. The facility is a “for profit” operation owned and operated by Correctional Education Centers, Inc. and contracts with multiple agencies, inclusive of Wyoming Department of Corrections, Federal Bureau of Prisons, Bureau of Indian Affairs, United States Probation Office, Natrona County Courts, City of Casper Municipal Court, Town of Evansville Municipal Court, and Town of Mills Municipal Court. The primary building on the 4 structure complex was built in 2005 and houses all operations, programs, medical clinic, and service areas under one roof. This structure is two stories tall and is completely surrounded by no climb fence with a pressure sensitive security component complementing containment. All recreation areas are further secured with a 12’ cement wall which also employs pressure sensitive security hardware annunciated in the central control room. Additionally, the facility has an extensive array of 59 cameras monitored in central control complementing a staff of 73 employees. The facility is budgeted for 77 employees. 240 of the 400 beds are occupied. One side of the facility is operated as a secure adult male correctional facility while the opposite side operates as a co-ed work release center. A central kitchen serves the entire population with two separate dining areas and effective scheduling being the key to separation of the two populations. Each side of the facility has an outside recreation area for respective populations. There are six total living units with multiple occupancy rooms. The work release operation has 180 beds within multiple occupancy rooms located in three separate housing areas. The adult correctional operation, referred to as “secure side” has 160 beds, also located in multiple occupancy rooms within three separate housing areas. The primary building also houses administrative office areas, central control, and a gymnasium. The facility is home to multiple “cutting edge” therapeutic communities and therapy groups, inclusive of a Native American residential treatment program.

SUMMARY OF AUDIT FINDINGS:

There were forty three (43) standards applied to Casper Re-entry Center during this review. The facility was measured against PREA requirements for a prison. Of the forty three (43) standards, four (4) were found to be not applicable to Casper Re-entry Center. Thirty nine (39) standards were met by the facility. There were zero (0) standards identified as not met.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of Standards Not Applicable: 4

115.11 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 comments, including corrective actions needed if does not meet standard

The facility has policy and procedure in place that mandates a zero tolerance approach to all forms of sexual abuse and sexual harassment via both corporate and local policy 1200.06. The corporate structure is inclusive of a agency wide PREA Coordinator who has both the authority and dedicated time to assure components of the plan are enforced. The facility has a PREA Administrator who concomitantly has local authority and dedicated time to assure facility compliance with the plan. Position descriptions have been developed for both positions and both agency and facility tables of organization reflect proper levels of authority. The facility meets PREA 115.11.

115.12 Contracting with other entities for the confinement of inmates. Not Applicable

- 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

Auditor comments, including corrective actions needed if does not meet standard

PREA 115.12 is not applicable to this facility. Casper Re-entry Center is a private for profit entity that maintains a contractual relationship with multiple jurisdictions for the housing and programming of it's inmate population.

115.13 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 comments, including corrective actions needed if does not meet standard

The facility has developed and maintains a staffing plan in a manner consistent with this standard. Staffing is complemented with deployment of 59 surveillance cameras and security convex mirrors. Camera feeds are monitored in a centralized control area. The corporate PREA Coordinator makes an annual review of staffing levels with components of this standard taken in to consideration. Security supervisors and administrative staff do make routine and unannounced rounds of the facility as evidenced by both manual and automated logs. The facility contracts prohibit deviation from the plan. The facility responds to any vacancies by filling open positions with staff working over time. The facility meets PREA 115.13.

115.14 Youthful inmates.

- 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

Auditor comments, including corrective actions needed if does not meet standard

PREA 115.14 is not applicable. The facility houses only adult offenders who are 18 years of age or over.

115.15 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 comments, including corrective actions needed if does not meet standard

Facility policy and procedure (PREA 1200.06) does not allow for cross gender strip or body cavity searches. That same policy prohibits male staff from conducting any form of body search of female inmates. Inmates retain their privacy when showering, using the toilet, dressing, or in all cases where personal privacy is expected. Staff announce their presence when entering living areas housing the opposite gender. Policy 1200.06 prohibits use of a strip search to identify gender. Problematic at the time of audit was training curriculum and logs to support that staff have been trained in standard elements relative to the search of transgender or intersex inmates. This concern was remedied prior to submittal of this report. The curriculum has been updated and training logs provided to this auditor that reflects compliance with this expectation. There is no further follow-up thought to be necessary for purposes of this audit. The facility meets 115.15.

115.16 Inmates with disabilities and inmates 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 comments, including corrective actions needed if does not meet standard

The facility provides assistance to both inmates with disabilities and inmates who are limited English proficient to assure that they receive the full benefit of information relayed concerning PREA. At the time of audit there were no inmates who fell under this category. The facility has multiple inmate handbooks depending on the program inmates are involved in. At the time of audit all handbooks were not bi-lingual. This concern has been remedied. A video explaining PREA and inmate rights under the law is bi-lingual and is shown as part of the orientation process. The facility has further entered in to a memorandum of understanding with an interpreter service to assist inmates who are limited English proficient. Pamphlets and posters regarding PREA and PREA resources are bi-lingual. Agency policy (1200.06) requires assistance be provided to both handicapped and limited English proficient inmates. Use of inmates to assist or interpret for inmates desiring to report abuse is prohibited by the same policy. Staff interviews reflect a good understanding of these requirements. The facility meets PREA 115.16

115.17 Hiring and promotion decisions.

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

Auditor comments, including corrective actions needed if does not meet standard

Facility policy, procedure, and practice with the hiring, retention, and promotion of staff is consistent with the elements of this standard. A system is in place for assuring appropriate background checks are complete by proper legal authority for new hires and at five year intervals. A document review as well as an interview with the facility human services supervisor reflects compliance. While an additional background check is not administered for promotional purposes, the most previous background check is taken in to consideration. Staff have an affirmative responsibility to report any new pertinent information. A system is in place for staff to answer PREA related questions during their annual review process. Problematic at the time of audit was the 5 year cycle of checks on contractors. This concern has been remedied prior to this report via submission for background checks on contractors who exceeded the time frame (of 5 year background checks). Follow-up has effectively resolved any concerns in this area. The facility meets PREA 115.17

115.18 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)
- Not Applicable

Auditor comments, including corrective actions needed if does not meet standard

Casper Re-entry Center has had no substantial expansion or significant modification to the physical plant or the monitoring technology this past reporting period. PREA 115.18 is not applicable.

115.21 Evidence protocol and forensic medical examinations.

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

Auditor comments, including corrective actions needed if does not meet standard

The facility does not provide on site forensic medical examinations. Facility medical staff advise that they would secure any trace evidence per protocol and immediately move the subject to the Wyoming Medical Center in Casper. That medical center is rated as a level 2 trauma center and is staffed with certified nurses. C.E.C. policy requires that any costs for such services will be absorbed by the facility. The facility does have an MOU with a victim advocate service that would respond with a crisis trained advocate who would be available to the victim inclusive of their time at the medical facility and during investigatory interviews. The Wyoming Department of Corrections policy and public statement via the WDOC web site indicate adherence to PREA prescribed investigatory requirements. The other entity used is the county sheriffs office, which has declined to offer training documentation and / or certifications consistent with PREA. The facility administrator has requested this documentation. The facility meets PREA 115.21.

115.22 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 comments, including corrective actions needed if does not meet standard

The facility has had two (2) reported cases of sexual abuse and / or harassment this past reporting period. Both cases were referred for investigation to the Wyoming Department of Corrections. Neither case resulted in criminal referrals. Both cases have been completed. The Wyoming Department of Corrections does have the legal authority to conduct criminal investigations and publishes it's policy via web site posting. The WDOC does adhere to PREA claims adherence with regard to investigatory procedures. The facility meets PREA 115.22.

115.31 Employee training.

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

Auditor comments, including corrective actions needed if does not meet standard

The facility trains staff in a manner consistent with required points of training identified in 115.31(a). The facility has established curriculum and a training schedule that satisfies both per-service and in-service requirements. Employees document via signature that they have received and understand the training content. The facility meets PREA 115.31

115.32 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 comments, including corrective actions needed if does not meet standard

This auditor did have concerns with contractor training during the on site audit period. Training curriculum, material, and certification were lacking. The facility has taken documented corrective action in the period prior to submission of this reports that satisfies those concerns. The facility has re-worked their curriculum, training material, and certification in a manner that satisfies the elements of this standard. Effected contractors have been retrained using the new material. The facility meets PREA 115.32.

115.33 Inmate 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 comments, including corrective actions needed if does not meet standard

The facility provides initial inmate orientation as well as information relative to PREA. The information provided is inclusive of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Orientation occurs within requirements established by this standard. There was concern at the time of audit relative to information contained in the inmate handbook. The handbook was lacking with regard to information on the reporting component of this standard. This concern was addressed via updating of the deficient handbooks with necessary information relative to this standard. All current inmates have received a bulletin describing changes to the handbook. New inmates are receiving the updated handbooks. The facility is in compliance with PREA 115.33.

115.34 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)
- Not Applicable

Auditor comments, including corrective actions needed if does not meet standard

The facility does not conduct any form of administrative or criminal sexual abuse investigations. PREA 115.34 is not applicable to this facility.

115.35 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 comments, including corrective actions needed if does not meet standard

Facility medical staff do not conduct forensic examinations relative to sexual assault or abuse. Inmates in need of this service are transported to the Wyoming Medical Center in Casper. The medical facility provides SANE trained personnel and forensic services. Casper Re-entry Center medical staff do receive both generalized PREA training afforded to all staff as well as training specific to their role as medical and / or mental health staff with regard to initial detection, assessment, and handling of evidence. Such training also covers other areas of professional response and recording of sexual abuse and sexual harassment. The facility meets PREA 115.35.

115.41 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 comments, including corrective actions needed if does not meet standard

Corporate and localized PREA policy and procedure (1200.06) captures all elements of required PREA protocols as they relate to screening for risk of victimization and abusiveness. The facility has a standardized form intended for this purpose. It was noted during file review that the work release program was using an outdated form that did not correspond to PREA 115.41 requirements. Inmates in the other programmatic areas were being screened utilizing a Wyoming Department of Corrections risk assessment form that, while inconsistent with corporate policy, did satisfy all elements of this standard. The facility has taken corrective action prior to submission of this report. All effected inmates (having been screened with outdated report) have been re-screened utilizing the approved format. With regard to inmates having been screened with WDOC risk assessment tool, the facility is handling that as an internal matter and is not a concern to this auditor. The facility is meeting time frames specified by this standard with regard to reassessments based on initial and / or new information received. Records are secure and information is shared on a need to know /

115.42 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 comments, including corrective actions needed if does not meet standard

Corporate and local policy (PREA 1200.06) contains specific protocols that demonstrate compliance with all elements of this standard. Practice is consistent with policy and procedure. There were no transgender or intersex inmates on facility count at the time of audit. Policy, procedure, and the screening tool provide for making individual determinations with regard to housing and other assignments. This process takes into consideration the views of the inmate being screened. There is no special housing for L.G.B.T.I. inmates. Staff interviews at the time of audit reflected inconsistent answers with regard to allowing transgender and intersex inmates the opportunity to shower separately from other inmates. This inconsistency was resolved prior to this report via clear written guidelines being distributed to all staff. As it doesn't appear that this resulted in any previous denial of privileges and the problem has been remedied, the facility meets PREA 115.42.

115.43 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)

Auditor comments, including corrective actions needed if does not meet standard

While the facility does have two (2) holding cells for immediate isolation, placement there is for short duration pending transport of the inmate(s) back to the contracting agency. The facility does have policy and procedure relative to protective custody in PREA related incidents that are compliant with this standard, however there is no indication those procedures have ever been placed into effect for a PREA related incident. The facility meets PREA 115.43

115.51 Inmate 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 comments, including corrective actions needed if does not meet standard

The facility provides multiple avenues to report sexual abuse, sexual harassment, retaliation, and other related concerns identified within this standard. There is a phone number that can be utilized to report to a third party who will in turn make the facility aware. Also, the facility allows third party and anonymous reporting as identified within policy 1200.06. The avenues include both internal and external reporting mechanisms. Facility policy and training supports compliance. Staff and inmate interviews reflect a good overall understanding of options available. There was a concern during the on site visit in that the inmate handbooks were inadequate with regard to providing solid reporting directions to inmates. The handbook has been updated and appropriate notification bulletins have been posted to all inmates. These remedies occurred prior to this report and no further follow up is believed necessary. The facility meets PREA 115.51.

115.52 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 comments, including corrective actions needed if does not meet standard

While corporate and localized PREA policy and procedure contained in 1200.06 provides language consistent with this standard, it was not being clearly communicated to inmates. The inmate handbooks addressed some grievance remedies, but none were related to PREA. Prior to filing of this report, the facility has updated the inmate handbook to be inclusive of all grievance procedures as required by this standard. Inmate bulletins have been generated appropriately to advise current inmates of steps they may take to exhaust administrative remedies. All elements of this standard are addressed and time frames for filing, appeals, and extensions are consistent with the language of PREA 115.52. New inmates are receiving appropriate and complete information during the orientation process. Any additional follow-up would be redundant. Accordingly, the facility meets PREA 115.52.

115.53 Inmate 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 comments, including corrective actions needed if does not meet standard

During the on site audit this auditor attempted to contact a support service identified on posters and other information provided to inmates regarding an outside party identified as "No Harm". "No Harm" provides confidential services related to reporting of PREA related concerns. The number would not work. C.E.C. has worked with necessary providers of both this service and the inmate phone service to provide a working number that provides services consistent with this standard. The new number has been updated on posters, has been communicated to inmates via bulletin, and has been updated in handbooks. The phone contact is not monitored and is toll free. Any follow-up to concerns I had during the on site visit have been remedied. All other elements of this standard are satisfied. The facility meets 115.53.

115.54 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 comments, including corrective actions needed if does not meet standard

The facility has policy and procedure (1200.06) in place that supports compliance with this standard. The agency web site provides information on how third parties can report incidents of sexual abuse and sexual harassment. There have been no documented occurrences of the system being used at this facility, but the system is in place and the facility meets PREA 115.54 accordingly.

115.61 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 comments, including corrective actions needed if does not meet standard

Staff are mandated by agency and local PREA policy 1200.06 to report any information relative to sexual abuse or sexual harassment that occurs in the facility. This expectation includes possible harassment, staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Such information is to remain confidential within the framework of "mandatory obligation to report" provisions for professionally licensed staff. While there are no juveniles or adjudicated vulnerable persons housed at the facility, policy and procedure provides for reporting such incidents to proper authority. Policy and procedure further provide that allegations of sexual abuse and sexual harassment, however the information is received, be referred to the designated investigatory authority. The facility meets PREA 115.61.

115.62 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 comments, including corrective actions needed if does not meet standard

Policy and procedure (C.E.C. 1200.06) requires that when the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse it takes immediate action to protect the inmate. Staff interviews serve to support that staff have a solid understanding of this requirement and what actions to take. There have been no occurrences warranting such action this past reporting period. The facility meets PREA 115.62.

115.63 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 comments, including corrective actions needed if does not meet standard

C.E.C. 1200.06 as well as the localized version of this policy and procedure provide language that supports compliance with this standard. Provisions are in place accordingly. There have been no such reports this past reporting period. The facility meets PREA 115.63.

115.64 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 comments, including corrective actions needed if does not meet standard

The facility has policy and procedure in place (1200.06) to support compliance with this standard. Additionally, training curriculum and records reflect that staff have received guidance in how to respond effectively to an allegation that an inmate was sexually abused. The facility has issued a card with bullet pointed actions they should take should such an incident occur. This point of reference is issued to all staff and was displayed during interview sessions with staff. The facility has thankfully not had cause to exercise these procedures this past reporting period, but does have an effective system in place. The facility meets PREA 115.64.

115.65 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 comments, including corrective actions needed if does not meet standard

C.E.C. has a comprehensive response plan (C.E.C.1200.06) that coordinates all disciplines involved in responding to an indecent of sexual abuse. A quick reference flow chart is part of the plan. This system of response has been localized into policy, procedure, and training requirements. The facility meets PREA 115.65.

115.66 Preservation of ability to protect inmates 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 comments, including corrective actions needed if does not meet standard

While the facility has not entered in to any new collective bargaining agreements, the agency (C.E.C.) has policy that supports compliance with this standard. Interviews with corporate level executive staff also serve to support that agreements will not be entered in to that would limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility meets PREA 115.66.

115.67 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 comments, including corrective actions needed if does not meet standard

Facility policy and procedure 1200.06 addresses all requirements of this standard. The facility has appointed a staff member to coordinate monitoring of effected inmates or staff. There have been no documented cases where this system has been applied. A review of investigation reports by this auditor reflects that there has been no cause to initiate monitoring requirements. Targeted staff interviews with corporate executive staff, facility administrator, and the retaliation monitor reflect a good knowledge of the requirements and a desire to protect those individual this standard was designed for. Should the facility have a situation that warrants activating this plan, it is prepared to act accordingly. The facility meets PREA 115.67.

115.68 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)

Auditor comments, including corrective actions needed if does not meet standard

The agency has policy and procedure (1200.06) in place that provides for post allegation protective custody in a manner consistent with this standard. With regard to actual practice, the facility only has two holding cells with a primary purpose of very short term placement until transportation can be arranged for the individual to be returned to the contracting agency. Protective custody as identified in this standard has not been exercised this past reporting period. There were no inmates in the holding cells at the time of on site audit and investigatory materials do not reflect usage for PREA related incidents. The facility meets PREA 115.68.

115.71 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 comments, including corrective actions needed if does not meet standard

The facility does not conduct its own investigation into allegations of sexual abuse and sexual harassment. It does, however, promptly report such incidents to the appropriate authorities. The primary investigatory contact is the Wyoming Department of Corrections. This agency has gone on record via web site posting and internal policy that commits investigators to training and techniques consistent with PREA. Referrals relative to inmates not housed as part of the WDOC contract are referred to the Natrona County Sheriff's office. The facility administrator has asked for information from the Sheriff to support compliance with this standard without success. The Natrona County Sheriff's web site doesn't provide PREA related information as it applies to criminal investigations. The only two investigations this past reporting period were conducted by the investigatory arm of the Wyoming Department of Corrections. The Natrona County Sheriff's reluctance to provide information is not held against the facility. Local PREA policy 1200.06 provides for a retention schedule of investigatory reports and materials in a manner consistent with this standard. The facility

115.72 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 comments, including corrective actions needed if does not meet standard

Facility policy 1200.06 provides guidance that 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. The Wyoming Department of Corrections also adheres to this PREA requirement with regard to investigations of sexual abuse or sexual harassment. The facility meets PREA 115.72.

115.73 Reporting to inmates.

- 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 comments, including corrective actions needed if does not meet standard

Agency and facility PREA policy 1200.06 provides language consistent with this standard. There have been no instances this past reporting period that called for required notifications. There is no secondary documentation to review absent two (2) investigatory reports completed within this past year. In either occurrence, notifications beyond advising the complainant of the investigation results were not warranted. All other notification requirements are met. The facility meets PREA 115.73.

115.76 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 comments, including corrective actions needed if does not meet standard

Corporate and facility policy - procedure (1200.06) addresses all procedural components of this standard. Interviews with facility administration and human relations serve to support a good knowledge of the requirements of these provisions for staff discipline related to PREA related incidents. There has been one staff member investigated (by WDOC) this past reporting period for having an inappropriate relationship with an inmate. That staff member was terminated. The facility meets PREA 115.76.

115.77 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 comments, including corrective actions needed if does not meet standard

Facility policy 1200.06 has provisions for taking corrective action on contractors or volunteers who engage in sexual abuse. The language is consistent with this standard and supports compliance. Interviews with facility administrative staff and corporate executive staff serve to further support compliance. The facility has had no instances of contractors or volunteers engaged in sexual abuse or sexual harassment this past reporting period. The facility meets PREA 115.77.

115.78 Disciplinary sanctions for inmates.

- 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 comments, including corrective actions needed if does not meet standard

Facility policy (1200.06) provides language that demonstrates compliance with this standard. In practice, inmates are returned to the contracting authority almost immediately after any serious infraction, inclusive of sexual abuse or harassment. There is no disciplinary track to follow. A review of investigatory reports reflect that two (2) inmates have been returned to WDOC for PREA related incidents. The WDOC is committed to the PREA process. The facility meets PREA 115.78.

115.81 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)

Auditor comments, including corrective actions needed if does not meet standard

The facility reports no cases (in the past reporting period) of inmates disclosing prior victimization during the screening process. The facility reports that during the screening process no inmates have been identified as having perpetrated sexual abuse while in an institution or in the community. If those individuals are identified, the facility is prepared to schedule a follow-up meeting with a medical or mental health practitioner within 14 days of screening. There was no secondary documentation for this auditor to review. The facility meets PREA 115.81.

115.82 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 comments, including corrective actions needed if does not meet standard

The facility does not offer emergency medical treatment to inmate victims of sexual abuse. Staff are trained to prioritize protection of the inmate. Inmate victims in need of medical treatment are transported to the Wyoming Medical Center. This is a level II trauma center with SANE trained medical providers. The facility maintains a memorandum of understanding with the Wyoming Medical Center for use of their facility. It includes, among other provisions, that Casper Re-entry Center will be charged for services. The facility also maintains a memorandum of understanding with a victim advocate service that will provide crisis counseling to victims, inclusive his or her presence during forensic examinations. C.E.C. and Casper Re-entry Center policy provides language consistent with all elements of this standard. There have been no incidents warranting an emergency medical - mental health response. However the facility appears to be prepared and meets PREA 115.82.

115.83 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 comments, including corrective actions needed if does not meet standard

The facility has had no incidents this past reporting period that warranted ongoing medical and mental health care for sexual abuse victims and abusers. Facility PREA policy 1200.06 does provide procedure that supports compliance with all components of this standard. In practice, I am advised that any individuals involved in a PREA related incident (and who need medical attention or forensic exam) will initially be transported to the Wyoming Medical Center for any emergency medical needs (if the situation warrants) and then would be transferred back to the contracting agency. Any medical or mental health records and plans would be forwarded with the inmate accordingly. The facility meets PREA 115.83.

115.86 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 comments, including corrective actions needed if does not meet standard

Corporate and facility PREA policy 1200.06 addresses sexual abuse incident reviews in a manner consistent with this standard. The facility has demonstrated appropriate follow-up with regard to the two incidents it has reported and which have been investigated by WDOC. Elements of the review are consistent with the standard. Both reviews resulted in follow up. One in the form of recommending additional staff training and the other in adding one (1) video camera in the reception area. Both recommendations were carried out. It should be noted that both reviews were conducted in excess of 30 days of the completion of the investigation reports. One exceeded the expectation by a couple of weeks and the other by a couple of days. As the standard provides the language "ordinarily" this auditor is not considering this a concern that effects the overall standard. The investigation reports were approximately one hundred (100) pages in length which no doubt added to the time frame for a thorough review. In any event, the facility is urged to meet the 30 day threshold for reviews conducted pursuant to this standard if at all possible. The facility meets 

115.87 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 comments, including corrective actions needed if does not meet standard

The agency (Community Education Centers, Inc.) has a system in place to collect data for allegations of sexual abuse for facilities under control of the organization. C.E.C. has developed a standardized instrument (with definitions) to capture the information. The agency has provided an annual aggregate report that was published via web site posting on December of 2013. Policy and procedure (C.E.C. PREA 1200.06) requires an annual report, which interviews of corporate level administrators indicate will occur. The Department of Justice has not requested data from C.E.C. The Facility meets PREA 115.87.

115.88 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 comments, including corrective actions needed if does not meet standard

The agency has filed an annual report and it is publicly available on the agencies web site. The report is approved in a manner consistent with this standard. With regard to comparisons of previous years reports for purposes of review and corrective action, there is only one annual report on file as this PREA requirement was not enforced until August of 2012. Some material on the aggregate report were redacted from the public report (identification, dates, location) for security purposes. The web site reflects this action and rationale. The facility meets PREA 115.88.

115.89 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 comments, including corrective actions needed if does not meet standard

The agency (C.E.C) has a data collection system in place to capture and report aggregated sexual abuse data from all facilities under its control. This information is generated into an annual report and published on the agencies web site for public review. Personal identifiers are removed. C.E.C. policy 1200.06 requires that the agency retention schedule for all related data collected be managed in a manner consistent with this standard. The facility meets PREA 115.89.

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.

Richard D. McVicar

Digitally signed by Richard D. McVicar
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Date: 2014.08.17 11:27:17 -0500

08/17/2014

Auditor Signature

Date