PREA AUDIT: AUDITOR'S FINAL REPORT JUVENILE FACILITY STANDARDS

NATIONAL PREA RESOURCE CENTER

Name of Facility: Ferris School

Physical Address: 959 Centre Road, Wilmington, DE 19805

Date report submitted: September 21, 2016

Auditor information: Charles J. Kehoe

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Date of facility visit: May 23 – 25, 2016

Facility Information

Facility Mailing Address: *(if different from above)*

Telephone Number: (302) 993-3800

The Facility is:	☐Military	☐County	☐Federal
	☐Private for profit	☐Municipal	☐ **X** State
	☐Private not for profit		
Facility Type:	☐ Detention (Juvenile)	☐**X** Correction (Juv)	☐ Other

Name of PREA Compliance Manager: Eric McLaurin **Title:** Comp Manager

Email Address: eric.mclaurin@state.de.us **Telephone Number:** (302)993-3800

Agency Information

Name of Agency: Department of Services for Children, Youth, and Their Families, Division of Youth Rehabilitative Serv.

Governing Authority or Parent Agency: *(if applicable)*

Physical Address: 1825 Faulkland Road, Wilmington, DE 19805

Mailing Address: *(if different from above)*

Telephone Number: (302) 633-2600

Agency Chief Executive Officer

Name: Nancy Dietz	**Title:** DYRS Dir	
Email Address: nancy.dietz@state.de.us	**Telephone Number:**	(302) 633-2620

Agency Wide PREA Coordinator

Name: Darryl Dawson	Title:	Social Serv. Senior Administrator
Email Address: Darryl.dawson@state.de.us	Telephone Number:	(302) 633-2624

AUDIT FINDINGS

NARRATIVE:

The PREA audit of the Delaware Department of Services for Children, Youth and Their Families, Division of Youth Rehabilitative Services (DYRS), Ferris School for Boys (the facility) was conducted from May 23 - 25, 2016 in Wilmington, Delaware. The Designated Auditor (the auditor) was Charles J. Kehoe of Midlothian. Virginia.

The auditor wishes to extend his deepest appreciation to DYRS Director, Nancy Dietz; Social Services Senior Administrator/PREA Coordinator, Darryl Dawson; Ferris School Superintendent Thomas Spell, and YRC Supervisor/PREA Compliance Manager (PCM), Eric McLaurin, and all the employees of the Ferris School of Boys for their professionalism, hospitality, and kindness.

The PREA Coordinator mailed the DYRS PREA policies and procedures, related documentation, and the Pre-Audit Questionnaire to the designated auditor several weeks before the audit.

The auditor contacted Just Detention International to inquire if that agency had received any information regarding DYRS. A check of their records showed no complaints on file regarding the agency.

The auditor arrived at the facility at 8:00 a.m. on May 23, 2016 and was met by the Superintendent, Thomas Spell and the PREA Coordinator, Mr. Dawson. An Entrance Meeting was held at 8:33 a.m. with the administrative team. Twelve members of the facility's administrative team (including the agency PREA Coordinator) were in attendance and introduced to the auditor. The DYRS PREA Coordinator and the Superintendent welcomed the auditor and provided a brief overview of this facility. The auditor thanked the DYRS PREA Coordinator, DYRS leadership, and the Ferris School staff for being involved in the PREA certification process. He then reviewed the audit process and the audit schedule. The PREA Coordinator gave the auditor the names of the employees and the residents in the facility so he could select those who would be interviewed. The auditor, the PREA Coordinator, and the PCM also identified specialized staff and youth in specialized categories who would be interviewed.

The site review of the Ferris School began at 9:35 a.m., following the Entrance Meeting. Accompanying the auditors on the tour were Mr. Dawson, Superintendent Spell, Assistant Superintendent, Tanya Banks, and Mr. McLaurin. All areas where residents may be found were inspected. The site review ended at 12:00 p.m.

Following the tour the auditor began the interviews.

The Ferris School is an all-male facility with a total capacity of 72 residents. The first day of the audit, there were 40 residents in the facility. Twelve residents were selected for random interviews. The Superintendent and the PCM said there were no residents in the facility who reported an abuse in the facility or who were disabled or who had limited English proficiency. They also said there were no youth who identify as being lesbian, gay, bi-sexual, transgender, or intersex. There were no residents in the facility who disclosed any prior victimization. The facility has one living unit that is used to separate residents who are having serious behavioral issues. At the time of the audit, there were no residents on that unit.

Interviews with residents revealed that they are well informed about PREA, their rights, and how to report an abuse. New admissions to the facility are informed about PREA during intake and orientation. Residents reported that PREA is discussed frequently in small group discussions in the living units. The residents reported that they felt safe in this facility and that they are treated well by the staff.

Ten direct care staff were randomly selected by the auditor from all shifts and interviewed. Nineteen interviews were conducted with staff or contractors in 16 specialized areas and included the Superintendent, the PREA Compliance Manager, the Agency Contract Administrator, a higher level shift supervisor, medical and mental health professionals (2), the Human Resources Manager, volunteers and a contractors (3), investigative staff (2) a staff member who performs screening for risk of victimization, a staff member who supervises residents in isolation, an Incident Review Team member, a designated staff member who monitors for retaliation, a non-security staff who could act as a first responder, an Intake staff member, the DSCYF Data Analyst, and a DSCYF Training Manager. Since this is a relatively small facility, some of the staff have multiple responsibilities so a few individuals were interviewed more than once if their duties covered more than one specialized area. The DYRS Director, the DYRS PREA Coordinator, the Agency Contract Administrator, and the Human Resources staff were interviewed earlier in June during the audit of the DYRS Residential Cottages. The Agency Contract Administrator provided the auditor updated information on contracts. The auditor also interviewed two Institutional Abuse Investigators in June who worked for another division within the Department but conducted investigations at all DYRS facilities. These investigators were interviewed again regarding this specific facility.

In all, the auditor conducted 41 interviews during the Ferris School PREA audit.

The auditor called the Child Abuse Hotline to see what would happen if a resident reported an abuse. The phone was answered quickly. When the person answered the phone, the auditor explained why he/she was calling. The person who answered the phone was not familiar with PREA or the PREA Standards. This had happened previously during the Stevenson House PREA Audit in 2015. The PREA Coordinator said he would make the Director aware of this.

The agency does contract with other facilities to take its residents and is in the process of updating contracts to insure the providers will comply with PREA Standards and to put a monitoring system into place at the contractual facilities.

Cross-gender searches are not allowed in this facility. Ferris School staff have been trained to conduct cross gender searches in an exigent circumstance. During the random interviews, the auditor asked the staff to demonstrate how a cross-gender search and searches of a transgender or intersex resident would be conducted. The auditor was very impressed by how well the staff demonstrated these searches. The staff said they viewed the Moss video tape and had 90 minutes of instruction. One staff member said he was on medical leave at the time this training was conducted but that he is being scheduled to take the training.

The Ferris School did not meet Standard 115.353. The auditor found that the residents were not familiar with the agency that would provide emotional support, if needed. That standard was corrected during the 30-day report writing period.

In reviewing the specialized training, the auditor found that the medical and mental health staff received the basic PREA training and the specialized training. However, the eye doctor and dentist had not received the training. The eye doctor and dentist had received the basic PREA training contractors receive, but not the specialized training for medical staff. The auditor found this was simply an oversight. The agency provided the specialized training to the eye doctor and dentist and provided the auditor confirmation they had received the training.

The auditor also made some suggestions to the agency on how the facility could strengthen its existing PREA procedures and protocols.

The agency provides Instructor Lead Classroom and Online Staff Training which is very comprehensive. All random staff interviewed acknowledged, in writing, that they had received and understood the training and retraining they received within the last 12 months. Staff who have taken the online training acknowledge electronically that they received and understand the training. Training records and the curriculum were reviewed and documented.

Several staff admitted they were not sure who is responsible for conducting sexual abuse investigations. During the interviews, direct care workers did describe, in detail, procedures for protecting residents from harm or threats of retaliation, the preservation of evidence, and the mandatory reporting requirements.

Medical and mental health services are provided to the residents of the facility on site by a team including a physician (one day per week), a physician's assistant (twice a month), four nurses and a psychologist. A dentist and eye doctor also visit the facility to provide those specific services to residents.

Allegations of sexual abuse will investigated by the Department of Services for Children, Youth, and Their Families, Office of Children's Services, Institutional Abuse Unit (IAU). This unit investigates all allegations of abuse, neglect, or dependency in licensed child care facilities, Departmental facilities and DFS foster homes throughout the state. The Delaware State Police will also investigate allegations of sexual abuse at this facility, should an allegation be reported.

Two weeks before the audit an allegation of staff-on-resident sexual abuse was reported by the Superintendent to the IAU. At the time of the audit, the incident remained under investigation by IAU. The staff member had been suspended with pay pending the outcome of the investigation.

The auditor was impressed by the staffing ratio at this facility and the emphasis the staff have on constant supervision and lines of sight. The physical plant contributes to good supervision with excellent lines of sight, glazing in all areas of the facility, and with comprehensive camera coverage. Since the audit, the facility has added additional mirrors to enhance the staff's ability to supervise residents.

Since the audit, the agency has taken monitoring and measuring compliance a step farther. On July 13, 2016, the Department hired a Professional Standards Administrator. This is a newly created positon. This administrator comes to this job with vast experience in the completion of investigations in an institutional setting and in the community and also has a graduate degree in health law. The Professional Standards Administrator completed the basic PREA training, and also completed the web based Sexual Abuse and Sexual Harassment Investigator Training. The Division plan for all Division Sexual Abuse and Harassment Investigators is to complete a training class instructed by the new Administrator to orient and review basic investigation techniques and interventions. In preparation for the class the Administrator will review previous sexual abuse and sexual harassment investigation reports from 2015 and 2016 to gain an understanding of training needs. Annually, the facilities' sexual abuse and sexual harassment investigators will be provided refresher training. Consistent with all reportable events, the sexual abuse and sexual harassment allegations and the final reports will be submitted to the Professional Standards Unit as the incidents occur and investigations are completed.

The DYRS has an excellent procedure in place to collect data regarding sexual abuse and sexual harassment in DYRS facilities and in contracted facilities. DYRS has published four Annual Reports (2012 through 2015) that present data and information on the Division's continuous effort to comply with all the PREA standards. The Annual Reports are available on the Department's Web site.

When the on-site audit was completed, the auditor conducted an exit meeting at 1:30 p.m. on May 25, 2016. The DYRS Director, the PREA Coordinator, the Superintendent of the New Castle

County Juvenile Detention Center and nine other members of the facility's administrative team were present. While the auditor could not give the facility a final finding, as there were few issues needing further study, the auditor did give an overview of the audit and thanked the administrators and their staff for their hard work and dedication to the full implementation of the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Department of Services for Children, Youth and Their Families, Division of Youth Rehabilitative Services (DYRS) provides services including detention, treatment, probation and aftercare services to youth in the State of Delaware who are committed to its care by the Family Court. DYRS is responsible for assessing the individual needs of youth and collaborates with their families, schools, community partners, and private residential programs. The Division's goal is to coordinate services and resources in an effort to rehabilitate youth and assist them in becoming positive citizens within their communities.

The Mission Statement of the Ferris School states, "Ferris School will provide a safe, healthy, and secure total learning environment that will enable the students to successfully transition back to their families and the community." The facility's Vision Statement states, "Setting the Standard of Excellence in Transforming Young Men through Positive Interaction."

Ferris School is a secure care, juvenile facility for up to 72 adjudicated males, ages 13 to 18. All the residents have been committed by the Family and Superior Courts of Delaware. Youth committed to Ferris are identified as serious and/or chronic repeat offenders, who pose a risk to themselves or others and require intensive rehabilitative treatment. The average length of stay is six months, followed by a six-week transition program at Mowlds Cottage which is one of the Residential Cottages. Ferris School has been accredited by the American Correctional Association since 1998 and is a participant in The Performance-based Standards (PbS) for Youth Correction and Detention Facilities program. The facility has been operating at less than capacity for several months.

The site review began at the Intake area. A new resident is given his initial PREA orientation during intake and the initial risk assessment is also administered. The shower area provides complete privacy. The intake area is monitored by four (4) cameras. The medical area and exam rooms ensure patient privacy. The medical suite includes an area for dental care.

In the laundry area, the auditor was impressed by how the facility installed a chain-linked fence to permit viewing into a blind spot area and also to restrict access. During the audit, the auditor suggested that a mirror would enhance the supervision in this area. A mirror was installed shortly after the audit. The auditor inspected the food preparation and resident dining areas. Over the serving line area, the facility has installed a electric scrolling sign that tells residents and staff how to report an allegation of sexual abuse or sexual harassment. The auditor commented that he has not seen this before and that he would consider that a "best practice." The food storage and preparation areas and the dining room are monitored by 10 cameras.

There are six (6), twelve-bed, housing units in the facility. Units A, B, and C are in the South Cluster and units D, E, and F are in the North Cluster. Housing units A and E are currently used as extended "time-out" units for residents who are having behavioral issues. There were no residents in either of these units during the audit. Two rooms on every housing unit have the capacity for two residents and eight rooms are single occupancy. All the rooms are "dry" rooms (no sinks or toilets). If a resident needs to use the bathroom during the night, he pushes a buzzer in his room and the staff lets the resident out. The shower and toilet areas provide privacy for all residents. Only two residents are allowed out of their rooms during shower time. There is one isolation room on each housing unit, adjacent to the dayroom area that is used primarily for temporary "time-

out" conduct violations. Residents who are in isolation are seen by the nurse and or/psychologist every day. The psychologist's office is also located on the living unit. Housing units have very good camera coverage with two cameras in each housing unit. Each living unit has a telephone on the wall from which a resident could report an allegation of sexual abuse or sexual harassment to the child abuse hotline. The PREA signage was on each unit informing residents how they can report an allegation of sexual abuse or sexual harassment. At the time of the audit, however, there were no signs that informed residents of the services of Survivors of Abuse in Recovery (SOAR), the agency that provides emotional support. This was corrected immediately following the audit. There are grievance boxes on each unit. Green grievance forms are for emergency grievances and PREA allegations. There are always two staff on each housing unit and bed checks are made every 15 minutes. There are two classrooms adjacent to each housing unit. At the time of the audit, there were only six classrooms in use because of the population size. Each classroom has one (1) to two (2) cameras that take 360 degree pictures. The Library is also monitored by three (3) cameras.

The facility has a large in-door gym that has two cameras. Visitation takes place in the dining hall. The facility also has a large outdoor recreation area that is monitored by two (2) cameras. Private space is also available for meetings with attorneys or outside counseling or support agencies.

The control room is centrally located in the front of the building. The auditor observed video monitors that produce very high quality images. There is ample space in the control room. Cameras are not positioned so that cross-gender viewing of residents in the showers or toilet areas would ever be a problem. The auditor did review recordings, in an administrator's office, of activities on previous days in housing units and the intake area.

Several additional cameras were installed in the facility in 2015. Throughout the facility, there are now a total of 98 cameras.

The auditor reviewed the logs on several units that documented that unannounced rounds were being conducted and documented.

Ferris School is part of the larger DSCYF Campus which is home to the Department's Administrative Offices, the DYRS Residential Cottages, and the New Castle County Juvenile Detention Center. DSCYF offices and facilities are located in a business community directly across the street from the DuPont Corporate Business Park.

Ferris School offers a structured learning environment that integrates all elements of rehabilitation: education, programming, treatment, and therapeutic clinical programs at the start of each day. Programming is individualized and prescriptive to meet the needs of the youth. Staff are trained to view every interaction with youth as a learning opportunity to enhance their pro-social skills. Throughout a youth's stay, treatment staff maintain contact with the family to assist with a successful family reunification.

Youth programming includes: drug and alcohol treatment, conflict resolution, aggression replacement training, sex education, HIV and violence prevention, gun violence, victim sensitivity, and youth mentoring services. Treatment staff facilitate programming and are required to have a bachelor's degree in education or behavioral science.

Academic Education
In addition to having certified teachers through the Department of Education, Ferris School also has an established mentorship program to enhance the academic learning environment. The Ferris Mentor Program currently has 25 active mentors.

Fine Arts Link
These programs are funded through the Department of Services for Children, Youth, and Families and combined community efforts which include private funding through grants and donations.

Drug/Alcohol Treatment
The Opportunity to Change Program began in June 2013 through an agreement with Prevention and Behavioral Health. All youth are screened upon admission by the Psychologist using the Global Appraisal of Individual Needs (GAIN) assessment. Based on the assessment, youth either receive substance abuse treatment or participate in psycho-educational groups.

In 1997, the school achieved Middle States Accreditation and in 1998 received the American Correctional Association certification. The school has participated in research with the Education Department of Juvenile Justice for Best Practices for Serving Court Involved Youth, and also with the University of Maryland. Ferris School continues to receive support through educational grants and varied funding sources for the academic, vocational, art, and transitional programs.

The school's education program has a certified teaching staff that strives to increase each student's academic grade level by two grades while at Ferris (the average length of stay is six months); this goal is routinely exceeded. The student has an education transition plan of returning to school, earning credits towards diploma, Pre/GED preparation, enrolling in a training program, receiving Department of Vocational Rehabilitation Services (DVR), or returning to work. Ferris School partners with a local school district to offer a credit recovery and acceleration program. It is offered to a maximum of 15 students each marking period.

In additional Ferris School provides a prescriptive General and Special Education program, has an excellent library media center equipped with upgraded computers, Vocational Technology, Life Skills/Family Living, School to Work, Art, and HOSTS Mentoring Program.
Ferris School serves as a model program because of its educational, therapeutic, extracurricular, and transitional program opportunities. Norms have been established that reflect appropriate behavior, respect for one another, and a focus on academic growth and self-improvement.

Ferris School has two administrative units/clusters. Each Cluster has a Program Manager. Program Managers are responsible for the supervision of four Treatment Supervisors, Treatment Specialists and Youth Rehabilitation Counselors. Although not directly under their supervision, each cluster is also staffed with a Child Psychologist five days a week.

Ferris School is a level five secure care treatment facility. Youths committed to the custody of the Division of Youth Rehabilitative Services for placement must first be approved by the Placement Authorization Committee (PAC) for placement at Ferris School. All youth entering Ferris come from either The New Castle County Detention Center or Stevenson House Detention Center. Although students committed to Ferris have been approved by the PAC committee, Ferris is still required to have a committing Family Court disposition. The Court disposition must state that the student is committed to Ferris and/or a level five secure care facility. Youth placed at Ferris will remain for an indefinite commitment of approximately six months, however they can remain longer if they experience difficulty complying with the Behavior Management system.

The Program Manger is responsible for assigning new students a Treatment Specialist within the first twenty-four hours of placement. Once placed on the cluster, the Treatment Specialist is primarily responsible for the youth's case management and his transition to Mowlds Cottage.

Immediately upon arrival, the student will begin the orientation process. While in the Intake area, the student will be issued a facility handbook and be educated on PREA (Prison Rape Elimination Act). He will receive a shower and five sets of state issued clothing. A brief overview of program norms and expected behavior will be reviewed with the student by the Treatment Specialist. The student will be asked to demonstrate the behavior to make sure he understands the expectation. The orientation process shall continue for as long as the student is on orientation level. During the orientation phase staff is expected to role model and demonstrate positive and expected behavior for the student.

Between the hours of 7:00 a.m. and 7:00 p.m., the student is escorted to the Medical Department for an

examination. A meal will be offered to every intake student prior to being placed on the cluster. Once the Student has been placed on the Cluster, the Treatment Specialist Supervisor will assign him a room. He will also be assigned a big brother. The big brother is a student who is viewed by staff as a positive role model. The big brother will become his mentor and is expected to help the new student to understand the norms and expectations of the facility. New students receive an intake telephone call to a parent and/or guardian.

An initial intake meeting is scheduled with the community service worker (PO), parent and/or guardian within two weeks of the student's arrival. This meeting is to obtain pertinent information on the student and to orient the parents to the Ferris program. An Individual Treatment Plan shall be developed for the student within fourteen days of placement at Ferris. The plan will address the student's identified treatment goals/needs: anger, stealing, drug use or selling, education, employment, housing, etc. Objectives and strategies to be used to address his needs: social skills groups, drug and alcohol treatment groups, education needs, individual counseling and any other outstanding court conditions. The plan must be presented to the Treatment Team within thirty days for review and additional goals/recommendations and signatures from Treatment Team members. The initial Plan must be signed by the parent and student. The Treatment Specialist must discuss the student's educational goals with the educational department so that an appropriate educational goal/objective can be developed and achieved by the resident. After the initial comprehensive plan has been developed and signed by a parent, the Treatment Team members and the resident, a review of the plan shall occur every thirty days thereafter.

In an attempt to build working relationships with the resident's family, the Treatment Specialist (TS) contacts the parent and/or guardian weekly to give an update on the student's progress. Information includes: student's strengths, interpersonal relations with peers, motivation, help, care, and concern towards peers and/or behavior or accomplishments regarding the student, treatment issues and strategies, academic ratings or any other pertinent information the TS may want to share. This information/conversation is also recorded in the Family and Children Tracking System (FACTS) weekly.

One-on-one counseling sessions with the resident occur a minimum of once a week. All one-on-one counseling sessions are recorded in FACTS as progress notes. The first nine one-on-one sessions with the resident include a review of the Ferris resident handbook, building norms/expectations and the student's behavior. The Treatment Specialist is responsible for discussing with the student his process as a whole and developing strategies for his success. It is the Treatment Specialist's responsibility to build a bond between the staff and the student in an attempt to develop a good treatment relationship with the student. While the student is on orientation he is still learning our program and we are still learning him and the best way to deal with his treatment issues.

During the family meeting a visitation list must be developed for the resident. The visitation list can include the following individuals: mother, father, sister, brother, aunt, uncle, grandmother, grandfather and/or legal guardian. Former Ferris residents, under 21, are not allowed to visit. The Treatment Specialist shall be responsible for documentation of all visits on the visitation log. All visitors must present a photo identification. A special visit can be requested by students on advanced levels.

Ferris School offers an array of programmatic services to youth. Some programs are prescriptive to the youth's need while others are considered core programs. All students are required to successfully complete core programs prior to transitioning to Mowlds Cottage. The programs listed below are available to all youth at Ferris School:

Athletic Program – Football, Basketball and Weightlifting
Peer Tutoring
Educational Services- including credit recovery
Individual, family, and group Counseling
Independent Life Skills Training
Medical/Dental/Psychological Services

Drug Education and Treatment – Opportunities to Change
Psychological Assessment
Recreational Programs
Religious Services
Violence Prevention
Volunteer Programs
Peer Mediation
Parent Education- Fatherhood program
Trauma-Grief Component Therapy
Thinking for a Change
Aggression Replacement Training
Student Warriors Against Gangs and Guns (SWAGG)
Public Speaking
Transformative Life Skills- Yoga
Nutrition Program
Victim Sensitivity
Healthy Relationships
HIV/Sex Ed.
Wise Guys
Equine Therapy- Courageous Hearts
Culinary Program- The Hospitality School

Since the on-site audit was conducted, the Ferris School was honored as a Barbara Allen-Hagen Award finalist from Performance-based Standards (PbS). The award is given to juvenile correction, detention/assessment and community programs that best exemplify PbS' commitment to providing effective and developmentally appropriate care for youth placed in residential facilities and implementing strategic plans to change practices that result in positive outcomes for youth, staff, and families. This prestigious award is further evidence of the DYRS' commitment to creating an environment and a culture that promotes sexual safety and rehabilitation.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 4

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 0

Standard Prevention Planning

§ 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 DYRS Zero Tolerance Policy states:

"DYRS has a zero tolerance for any incidence of sexual activity with youth in our care. DYRS commits to full compliance with the Prison Rape Elimination Act (PREA). Any type of forced or unwanted sexual activity, touching or sexual harassment between youth or any type of sexual activity or sexual harassment between staff and youth (including consensual) is criminal and prohibited" This policy is widely published in DYRS materials, including the Resident Handbook. The Zero Tolerance statement is also on the Web site in the agency's 2015 Annual Report.

The agency has a full-time PREA Coordinator who oversees all PREA activities, including but not limited to, policy development, allegations and investigations, staff training, resident education, and standards compliance. The PREA Coordinator's state classification is Social Services Senior Administrator. His duties also include agency-wide quality assurance and accreditation. He stated he has the time and support necessary to meet his PREA responsibilities.

The Ferris School has a PREA Compliance Manager who oversees the PREA activities in the facility. These activities include, but are not limited to monitoring compliance with PREA policies and procedures, confirming PREA training requirements are met, participating in the staffing plan review, and ensuring shift supervisors are doing what is required under PREA. In addition to his PREA Compliance Manager duties, he also monitors for retaliation against a resident or staff member who reports sexual abuse or sexual harassment or participates in a PREA investigation. In his DYRS job classification, he is the Program Manager for the South Cluster which includes Housing Units A, B, and C. The Program Manager is responsible for the supervision of four Treatment Supervisors, Treatment Specialists, and Youth Rehabilitation Counselors. The PREA Compliance Manager stated that he has a lot to do in both positions but that he receives assistance and support from the DYRS PREA Coordinator and the managers in the Ferris School. He state that DYRS also provides resources to support the full implementation of PREA.

Standard

§ 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)

During a previous PREA audit, the auditor interviewed the DYRS Contract Administrator. She reported that the Department has 8 contract administrators and two managers. The DSCYF has contracts with 12 residential providers in and outside of Delaware that provide residential services for DYRS youth.

The DSCYF Operating Guidelines for Contracted Children and Family Programs and Services, Effective 9/1/2014 state in Section V. LAWS APPLICABLE TO THE OPERATION OF PROGRAMS AND SERVICES, paragraph D. under the title Prison Rape Elimination Act, "Providers shall comply with all applicable PREA Standards and any DSCYF Policies or Standards related to PREA for preventing, detecting,

monitoring, investigating, and eradicating any form of sexual abuse within DSCYF contracted or subcontracted Facilities/Programs/Offices. In addition to 'self-monitoring requirements' and submission to PREA state or federal audits, providers will allow DSCYF announced or unannounced, compliance monitoring to include 'on-site' monitoring. Failure to comply with PREA, including PREA Standards and DSCYF PREA related policies or standards may result in a loss of business until the provider comes into compliance with PREA standards and/or subsequent contract termination."

Later in the document, it also describes how allegations of sexual abuse are to be reported to DSCYF and includes a reporting form. In cases of alleged sexual abuse, the Department must be directly notified within 4 hours.

During this audit, the DYRS Contract Administrator updated the status of their contracted facilities. With one exception, all the DYRS contracted facilities have either been certified or are in a corrective action period. One facility had not scheduled an audit but was moving forward to scheduling a date for an audit. Following the audit, the auditor contacted the PREA Resource Center and was told that as long as the agency was moving in the direction of an audit, that DYRS could document compliance with the requirements of this standard.

The auditor was very impressed with how well organized the contract monitoring is in the DYRS. The Contract Administrator has real time information on the status of each contracted agency and requires immediate reporting of any allegation of sexual abuse or sexual harassment involving a Delaware youth. The auditor finds the agency exceeds the requirements of this standard.

Standard

§ 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)

The DYRS regulations for Ferris School require a staffing ratio of 1:8 during waking hours and 1:12 during sleeping hours. The Superintendent stated that the facility has not deviated from the required staffing ratio. The Superintendent stated that the union contract provides that staff can be held over (i.e., "freeze staff") to ensure full compliance with the staffing plan. There is always a minimum of eleven (11) staff for each shift. Treatment Specialist Supervisors are assigned to day and afternoon shifts and Youth Rehabilitation Counselors are assigned to day, afternoon and overnight shifts. There are 12 supervisory positions at the facility.

The facility has not had any findings of inadequacy by any internal or external oversight body, state or Federal investigative agency, or any court. As previously stated, the facility has been accredited by the American Correctional Association since 1998.

The Superintendent reported in a March 2016 Workload Assessment that staffing shortages were a challenge and were keeping the facility from expanding programming. Again, ratios are being maintained by holding staff over, but staff turnover in the Youth Rehabilitation Counselor positions concerns administrators.

The auditor did observe good supervision practices throughout the facility during the audit.

The facility has comprehensive camera coverage and excellent sight lines. The auditor was impressed by the facility's 98 cameras, the location of the cameras, the quality of the images and the video retention period.

It was obvious to the auditor during the three days of the audit the DSCYF has committed resources to ensure the staffing ratio is maintained and that residents are safe.

The auditor interviewed a shift supervisor who makes unannounced rounds every two hours and also reviewed the supervisors' documentation in the log books when unannounced rounds were made. The supervisor said supervisors and Program Managers stagger their unannounced rounds to prevent staff from notifying other staff that the rounds are occurring and they are in and out of the units so often the staff never "call ahead" to alert other staff that unannounced rounds are happening.

DYRS Policy 2.13, Prison Rape Elimination Act (PREA) states:

1. "Supervisors and Program Managers are to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. This practice shall be implemented on all shifts.

    a. Any and all subordinate or ancillary staff are prohibited from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility."

Standard

§ 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)

DYRS Policy 3.10, Security and Control under the subject of "Unclothed and Clothed Searches" states that cross-gender searches are not permitted. The policy describes how staff of the same gender as the resident being searched are to conduct an unclothed search. The staff member is to stand in the doorway of the room the juvenile is in and instruct the juvenile on the removal of his or her clothing. That staff member is viewed by a second staff member who only watches that staff member and cannot see the resident. The second staff member can be of either gender. If a staff member suspects that a resident is hiding something in a body cavity, the staff member must notify the supervisor, who calls the administrator on duty (AOD). The AOD then calls the superintendent. The superintendent will notify the health care staff.

Ferris School Procedure, "Security and Control" 9.7, states, "Cross gender bodily searches and or pat downs are not conducted except in necessary circumstances. If under necessary circumstances cross-gender searches and or pat-downs are conducted, the facility will document and justify the need for such searches."

Nine of the 10 random staff interviewed by the auditor confirmed that they received training on cross-gender searches and searches of transgender and intersex youth in May of 2016 and demonstrated how this search would be conducted. One staff member was on sick leave during the training and was scheduled to take the training the next time it is offered. The staff were trained using the video developed by the Moss Group and available on the PREA Resource Center Web site. Written documentation was provided to the auditor that the staff had been trained and understood the procedures for cross-gender searches and searches of transgender residents.

The auditor observed staff announcing their presence when entering the housing units. During random interviews with residents and staff, one staff member reported that sometimes female staff don't always announce when they enter a housing unit. One resident out of 12 interviewed reported that female staff don't always announce when they enter a housing unit. The auditor mentioned this at the exit meeting. While the auditor found the facility did meet the standard, the PREA Coordinator had the facility install signs in the windows of each housing unit door to remind all staff to announce their presence when entering the housing unit. In addition, the facility also now requires an announcement to be made at the start of the overnight shift (10:00 p.m. – 6:00 a.m.) when a female will be supervising a housing unit overnight.

Standard

§ 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)

The auditor observed numerous posters throughout the facility that inform residents how to report an allegation of sexual abuse and sexual harassment. The posters and signs are in English and Spanish. During the audit at the Residential Cottages, the management analyst III reported the DSCYF has 12 contracts with interpreter services. DSCYF Policy 118, Language Access Policy, describes the agency's policy and procedures for enabling staff and residents to communicate when language may be a barrier. The policy provides for interpreter services and prohibits the use of other family members or clients from serving as interpreters. These contracts cover foreign language interpretation, sign language, and written foreign language interpretations. Provisions can also be made for residents who have visual, developmental or other disabilities.

Residents are given the brochure titled Ferris School Resident Safety Guide What You Need to Know About Sexual Abuse/Assault and Harassment and the resident handbook. These documents are printed in English and Spanish.

Standard

§ 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)

HB 167 which was signed into law on May 8, 2014, made it unlawful for any public employer to inquire into or consider the criminal record of an applicant for employment during the initial application process, up to and including the first interview. After it is determined that the applicant is otherwise qualified and the employer has conditionally offered the applicant a positon, then the employer may inquire into or consider an applicant's criminal record.

The Department of Services for Children, Youth and Their Families Policy #109, Criminal History Checks and Policy #313, Subsequent Arrests and/or Allegations of Child Abuse/Neglect describe the procedures that must be followed when hiring new staff at Ferris School and how subsequent arrests or allegations of child abuse or neglect will be addressed. All individuals who are candidates for employment in the DSCYF undergo an FBI criminal background check, a Delaware background, and a check of the Child Abuse Registry. Contractors and volunteers are required to undergo the same procedure. Persons with a criminal history of the listed behaviors are not eligible for employment. Those with civil or administrative violations, as listed in the standard, may also be barred from employment.

The DSCYF is part of a statewide system that receives notifications whenever an employee in the department is arrested in the state. The Delaware Justice Information System (DELJIS) notifies the DSCYF Criminal History Unit (CHU). The CHU passes the information on to the appropriate Division Director. In the case of an allegation of child abuse or child neglect, the Division of Family Services/Office of Children's Services notifies the CHU. The CHU told the auditor that all five-year background checks were up to date.

With regard to paragraph (c) 3, the DYRS procedure states, "Upon completion of the interview process where a successful candidate is selected, the hiring manager will use the resume, application and the candidate's direct response to ascertain if he/she has previously worked in an institutional setting. If so, the hiring manager (sic) will have the responsibility inquire/collect (sic) information from that employer regarding substantiated allegations of sexual abuse or resignation during a pending investigation or allegation(s) of sexual abuse."

The DYRS also has a PREA Acknowledgement Form that applicants and contractors sign that states whether or not they have any convictions or administrative adjudications for the prohibited behaviors. Employees are also required to complete the PREA Acknowledgement Form during annual evaluations and at the time of any promotion.

The DSCYF Human Resources Unit has a structure in place to ensure discipline concerns and counseling warnings regarding behaviors outlined by the PREA standards are captured in one confidential location. This information will be accessed whenever there is an inquiry from a future employer about a former employee at the Ferris School. The Human Resources Unit will respond to the agency/facility requesting the information. "This procedure assures that what is reported represents the agency's best efforts to give full disclosure and act in good faith."

Standard
§ 115.318 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)

In the fall of 2014, the DYRS added 25 additional cameras to Ferris School. This brought the total complement of cameras to 98. The cameras and monitors provide high quality images that easily identify people in the picture. Regarding the placement of the video cameras, DYRS considered how these additional cameras would enhance the facility's ability to protect residents from sexual abuse and sexual harassment. Camera locations are reviewed annually as part of the overall staffing plan. The Central Control Room monitors all the cameras and is staffed around the clock. The auditor finds that the DYRS has made a considerable investment in video monitoring to ensure sexual safety and therefore exceeds the standard.

Standard Responsive Planning
§ 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)

Allegations of sexual abuse are reported to the Child Abuse Hotline, per Policy #2.13. D. Investigations. The Institutional Abuse Unit investigates all allegations of child abuse and neglect. If the allegation could result in criminal prosecution, the Delaware State Police (DSP) is also called in to investigate. The DSP has confirmed it follows all the protocols as described in this standard. If a forensic exam is needed, the DSP would transport the victim to Christiana Care Hospital where a Sexual Assault Forensic Examiner (SAFE) would conduct a forensic exam.

The DYRS has a signed "Affirmation of Compliance with Forensic Examinations Standards for Sexual mmcdAssault" with the Christiana Care Hospital. Christiana Care Hospital confirms that, "The protocols employed by Christiana Care Hospital are appropriate for youth and adapted using the U.S. Department

of Justice's Office on Violence Against Women publication 'A National Protocol for Sexual Assaults Medical Forensic Examinations Adults/Adolescents' or similarly comprehensive and authoritative protocols."

Christiana Care's forensic nurse examiner team was honored by the U.S. Department of Justice for its work caring for crime victims. The team received the Allied Professional Award in Washington, D.C. The team is made up of 24 nurses – all women – who also are trained in emergency trauma.

DYRS also has a Memorandum of Agreement (MOU) between the DYRS and Survivors Of Abuse in Recovery, Inc. (SOAR) that states SOAR will provide mental health professionals who will deliver outreach, advocacy, assessment, and psychotherapy services to DYRS youth who have been, or may have been, victims of sexual abuse in accordance with the definitions outlined in the PREA standards.

There is also a MOU between DSCYF, Division of Prevention and Behavioral Health Services (DPBHS) and the DYRS. The purpose of the MOU is to facilitate a collaborative partnership between the members of the Specialized Services Unit of the DPBHS and the DYRS' 24-hour youth residential programs in order to comply with the Prison Rape Elimination Act (PREA).

During the PREA audit, the auditor interviewed two of the investigators from the Internal Abuse Unit (IAU). The investigators described, in detail, the training they have received and continue to receive, how abuse referrals are made to the Child Abuse Hotline, how the IAU is notified, and how investigations are conducted. Investigations normally begin within 90 minutes of the time the Unit is notified. The investigators stated that the IAU follows the requirements of paragraphs (a) through (e) of this standard. The DSCYF has four levels of findings, 1) no evidence to substantiate, 2) unsubstantiated, 3) unsubstantiated with concerns, and 4) substantiated. The investigators said they work very closely with the DSCYF and DYRS administrators and the DSP in conducting all child abuse investigations, including sexual abuse.

Standard

§ 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)

In the DYRS PREA Policy it states, "All institutional abuse allegations that involve children in our facilities are screened and independently investigated by the DSCYF Institutional Abuse unit. If the incident rises to a criminal level, it is referred to the Delaware State Police." DYRS Policy 2.13, Prison Rape Elimination Act (PREA), describes the agency protocols for conducting investigations, including the referral to the IAU and the DSP. This policy is available on the DYRS Web site under PREA on the menu bar.

In the DYRS Annual 2015 PREA Report, it is also stated, "Every reportable event, whether PREA related or not, is reviewed by the facility Superintendent, Division Director, and Deputy Director. If the incident involves child abuse in the facility, the Department's Institutional Abuse Unit would investigate the incident to determine if there is sufficient evidence for further investigation. The facility superintendent also investigates to determine if proper policies and procedures were followed."

The DYRS Policy also states, "Incidents alleging sexual harassment that are not accepted by the Institutional Abuse Unit for investigation, shall receive an internal administrative review in an efficient time frame. All issues regarding protection and/or prevention of retaliation shall also apply to harassment allegations. Each administrative unit is to identify two supervisory level staff that have received training to assist this level of incident review."

Interviews with the IAU investigators and the Ferris School investigators confirmed these procedures are understood and followed by all the parties.

Standard – TRAINING AND EDUCATION
§ 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)

The DYRS Center for Professional Development provides both Instructor Lead Training (ILT) and online training for employees. Training is provided to all new employees and refresher training is provided to current employees. Policy 2.13, subsection IV. A., Training, states the Division's requirement that all staff working directly with or monitoring programs/services of youth in secure care and community services must receive PREA training. A review of the training curriculum confirmed that all the required areas in the standard are covered in the training. During the random interviews with staff, the auditor asked specific questions of staff members about the training received. The auditor was impressed that the staff responded in considerable detail about specific procedures that demonstrated their understanding of the training.

The auditor reviewed five electronic training records and also reviewed other documentation that the employees' confirmed, in writing, that they have received the training and understood it .

Standard
§ 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)

The auditor interviewed one contractor and two volunteers. One contractor and one volunteer confirmed that they received detailed training on the agency's Zero Tolerance Policy, how to report an allegation of abuse and how to respond. The other volunteer reported that he had to reschedule his training because of a scheduling conflict at work. However, he did receive training on the DYRS Zero Tolerance Policy. Shortly after the audit, the volunteer did receive the more comprehensive training. They were all informed that they would have to call the Abuse Line and report to the shift supervisor what had been told to them. The PMC provided five examples of written acknowledgements that volunteers signed to confirm they received the training and the DYRS PREA Policy and that they understood the training they received.

Standard
§ 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).

During the intake process, all new admissions are informed about the DYRS Zero Tolerance policy and how to report sexual abuse or sexual harassment. The new admission also sees the video, "What you need to know" and is provided with the Ferris School Resident Safety Guide, What You Need To Know About Sexual

Abuse/Assault and Harassment. The Safety Guide provides information on a resident's right to be free from sexual abuse and sexual harassment, how a resident can protect himself from sexual abuse and sexual harassment, how to report an allegation of sexual abuse or sexual harassment, how to preserve evidence, what to do if the resident is sexually harassed, and agencies a resident can call for victim's assistance and emotional support, if a resident has been abused.

The staff member also explains how to file an emergency grievance using the Green Form. During the admission/intake process, the staff work from a script to ensure the exact same information is presented consistently to each new resident. Within a few days, the new residents are given a more detailed education on PREA that meets the requirements of the standard.

The auditor reviewed five (5) residents' files and observed written confirmation that the residents had received the training and printed materials. There are multiple ways the residents' orientation and PREA education are

During random interviews, residents described what the Zero Tolerance Policy means and several ways to report sexual abuse and sexual harassment. They also said they understood their right to be free from sexual abuse and sexual harassment.

The auditor observed posters throughout the facility that informed residents about PREA and how to report sexual abuse and sexual harassment. This signage is in both English and Spanish.

Standard

§ 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)

A Treatment Specialist Supervisor was appointed to be the internal investigator for Ferris School in March of 2015. Documentation was provided that confirmed he completed the National Institute of Corrections (NIC) online course, "PREA: Investigation Sexual Abuse in a Confinement Setting" on April 14, 2016. The investigator had previously served as an investigator in the Division of Developmental Disabilities Services (ODDS) responding to allegations of abuse, assault, attempted suicide, neglect, mistreatment, financial exploitation and significant injury to persons with developmental disabilities.

Allegations of sexual abuse are investigated by the IAU and, when needed, by the DSP. The DYRS PREA Policy states, "Incidents alleging sexual harassment that are not accepted by the Institutional Abuse Unit for investigation, shall receive an internal administrative review in an efficient time frame. All issues regarding protection and/or prevention of retaliation shall also apply to harassment allegations."

During the interview with the auditor, the investigator described how he would conduct an investigation into an allegation of sexual harassment and how he would assist the IAU and the DPS during an investigation of sexual abuse. The investigator also completed the PREA training required of all staff.

Standard

§ 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)

During the audit, the facility provided documentation that the health care and mental health providers had received the basic PREA training required of all Ferris School staff and the NIC Specialized Training for Medical and Mental Health professionals. However, at the time of the audit, the eye doctor and dentist had not received the training. During the report writing period, the PREA Coordinator provided documentation that the two doctors had taken the specialized training for health care providers.

Standard Screening for Risk of Sexual Victimization and Abusiveness
§ 115.341 Obtaining information from 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)

DYRS has a Memorandum of Understanding with the Division of Prevention and Behavioral Health Services (DPBHS) to comply with PREA. "The primary goal is to identify youth at risk for being sexually victimized, as well as those at risk for sexually victimizing others in order to limit such risk."

Under the MOU the DPBHS clinicians will meet with residents within one (1) business day of admission. The clinician will also review available information regarding the new admission obtained during intake and review Family and Child Tracking System (FACTS) information in the FACTS database. The clinician will use the information from the file review and interview with the resident to identify risk factors that include age, prior sexual history, current charge and offenses history, non-conforming appearance or mannerisms, sexual orientation, level of emotional and cognitive development, physical size, mental illness or disability, physical disability, intellectual or developmental disabilities, the youth's own perception of vulnerability and any other specific information about the youth that may indicate heightened need for supervision, additional safety precautions, or separation from other youth. The MAYSI-2 Questionnaire, the UCLA PTSD Index for DSM IV, and the APS-SF Adolescent Questionnaire are also administered.

At the time of admission, the intake staff person is required to state whether he/she perceives the resident to be gender non-conforming. DYRS PREA Policy 2.13, Section IV-B-2-a states, "A subjective judgement shall be made by the program's initial intake staff person to include a one sentence note to staff, stating if the youth's presentation conforms or does not conform to their gender." Documentation was provided that this statement is being made at the time of admission.

DYRS Policy 2.20, Section IV-B-2 also states "Information regarding a youth's sexual orientation or gender identity/expression shall be shared with other staff only on a need-to-know basis and when determined to be therapeutically necessary to ensure the youth's safety." Random interviews confirmed that staff understand they are not to disclose information regarding a resident's assessments or any information regarding a resident's sexual history to anyone who does not have a need to know. Access to information in the FACTS system is limited to authorized personnel only.

The psychologist said that Ferris School determines which days new residents are admitted to the facility. Since admissions only come from Stevenson House and the New Castle County Detention Center, the facility can plan ahead in anticipation of long weekends to insure all new admission receive the risk screening for victimization and abusiveness and the mental health screening within 72 hours, as required by the standard.

Assessments are updated approximately every 30 to 45 days or when an event or allegation triggers a demand for an evaluation.

The auditor selected five residents' files and found the initial assessments were conducted when the resident was admitted to the facility. The auditor also reviewed the mental health and risk assessments for

victimization and abusiveness conducted by the psychologist within 72 hours. The facility also documented follow-up assessments. The auditor was impressed by the comprehensiveness of the assessment process

Standard

§ 115.342 Placement of residents in housing, bed, program, education, and work assignments.

☐ 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)

DYRS Policy 2.20-IV-E.1.a. and 1. d. e. f. g. state that the information obtained from the assessment is used to make housing, bed, program, education and work assignments with sexual safety being one of the primary goals.

a. "DYRS shall use all information obtained in intake and referral documentation and the Mental Health Assessment to make housing, bed, program, education, and work assignments for youth with the goal of keeping all youth safe and free from sexual abuse and sexual assault."

c. "LGBTQI youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other youth safe, and then only until an alternative means of keeping all youth safe can be arranged."

d. "LGBTQI youth shall not be placed in particular housing, bed or other assignments solely on the basis of such identification or status, nor shall DYRS consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive."

e. "In deciding whether to assign a transgender or intersex youth to a facility for male or female youth, and in making other housing and programming assignments, DYRS shall consider on a case-by-case basis whether a placement would ensure the youth's health and safety, and whether the placement would present management or security problems."

f. "Placement and programming assignments for each transgender or intersex youth shall be reassessed by the interdisciplinary team at least twice each year to review any threats to safety experienced by the youth."

g. "A transgender or intersex youth's views with respect to his/her own safety shall be given serious consideration."

Policy 2.20 – IV – F. Bathroom/Shower states "Transgender and intersex youth shall be given the opportunity to shower and use the bathroom separately from other youth." All showers afford residents privacy.

Ferris School has one housing unit that can be used for residents whose behavior makes it difficult for them to remain in the regular program. This unit is similar to all other units in design and residents receive regular services that all residents receive.

DYRS Policy 2.20-IV-E.1.c. states, "During any period of isolation, DYRS staff shall not deny youth daily large-muscle exercise and any legally required educational programming or special education services. Youth in isolation shall receive daily visits from medical staff or a behavioral health services clinician/provider. Youth shall also have access to other programs and work opportunities to the extent possible."

Subparagraph h. and i. state, "If a youth is isolated pursuant to paragraph (c) of this section, the facility shall

clearly document :

- The basis for the facility's concern for the youth's safety; and
- The reason why no alternative means of separation can be arranged

i. Every 30 days, the facility shall afford each youth described in paragraph (c) of this section a review to determine whether there is a continuing need for separation from the general population."

At the time of the audit there were no youth in that unit. The auditor interviewed a staff member who supervises youth in isolation. The staff member stated that a resident would not be held on the unit longer than 48 hours and that during that time the resident would have complete access to program and services on the unit. He also stated the resident would be seen by the psychologist or nurse on a daily basis.

Standard Reporting
§ 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)

DYRS Policy 2.13 – IV. C. 2. Reporting by DYRS Youth describes the means youth can use to report sexual abuse or sexual harassment, threats of retaliation, or staff neglect that may have contributed to a sexual abuse or sexual harassment allegation. During interviews, residents described how they can report sexual abuse or sexual harassment by calling the Child Abuse Hotline, by telling a staff member, or by telling a third party (i.e., parent, attorney, probation officer, etc.).

The auditor observed phones in the living units that are directly connected to the Child Abuse Hotline. The residents said they have unimpeded access to the phones. The auditor called the Child Abuse Hotline using a phone on a living unit during the audit. The Hotline staff answered the phone very quickly. When the auditor told the person on the Hotline that this was a PREA Audit and the auditor was testing the system, the person on the Hotline stated she was not familiar with PREA. The auditor explained the purpose of PREA. A similar problem happened during the audits of the Residential Cottages and Stevenson House. The PREA Coordinator made the DYRS Director aware of this. Although DYRS cannot control the level of training that is provided to the Hotline staff, the auditor felt the Hotline staff needed training on the basics of PREA and how PREA Hotline referrals are to be handled. Residents have been told they can remain anonymous when making calls. All the phones have labels with the instructions as follows, "To make a report of Sexual Abuse/Harassment you can call the Institutional Abuse Hotline on any Telephone on the Pod or Cluster by dialing *7735 Follow the instructions once you place your call." The instructions are in English and Spanish.

Reporting options are also listed in the Ferris School Resident Safety Guide and include the Hotline number and the filing of the emergency grievance.

During the interviews with random staff, the interviewees reported that staff can accept verbal, written, and anonymous reports from residents, and third party allegations from residents' families and others. Residents also reported that they are aware that they can make reports verbally, in-writing, anonymously, or via a third party. Residents also said staff would make writing instruments available to them if they wanted to make a written report.

Staff reported they can privately report sexual abuse and sexual harassment by calling the Child Abuse Hotline. This is also stated in DYRS Policy 2.13 – IV. C. 2. d.

Residents are not held in this facility solely for civil immigration purposes.

Standard

§ 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)

The Ferris School's grievance procedure is stated as follows:

"If you feel staff or residents are mistreating you, and your basic rights as outlined in **Programmatic Resident Rights** are being violated, you may file a Grievance/ Complaint Form. Every resident in Ferris School shall be provided a timely and effective means of having problems brought to the attention of those who can offer solutions.

You may file a grievance without fear of negative actions. The person involved in the complaint shall not participate in settling the complaint. Grievance or Complaint Forms are available; students are given privacy to complete the forms. You are allowed to be assisted in writing the form by staff or other students. You may submit only one grievance per incident. Grievance forms can be found in the bin marked Grievance Forms located on the main cluster wall.

Procedures:

Step 1: The grievance form is completed and placed in the box marked grievances located in the main hallway. The Program Manager shall meet with you within three (3) working days after the grievance is received by the program manager. A response shall be given to you in writing within one (1) working day of the Program Manager's decision.

Step 2: If the response by the Program Manager is not acceptable, you can appeal the decision within three (3) working days to the Superintendent or designee. Within five (5) working days of receipt of the grievance material, the Superintendent or designee shall hold a meeting with you and the Program Manager in an attempt to resolve the issue. The Ombudsman will be notified of the Step 2 proceedings and may be allowed to provide his or her input if necessary.

Step 3: If the response of the Superintendent or designee is still not acceptable, then the grievance will go to the Deputy Director's office within three (3) working days. An Ombudsman outside of the division shall meet with youth and other involved parties within ten (10) working days of receiving the grievance. All decisions are final at Step 3.

PREA Resident Reporting 115.351

In the event that you need to file an emergency grievance related to sexual abuse or misconduct, you can fill out a green grievance form and your grievance will be addressed immediately.

Emergency Grievance:

An emergency grievance **(Green Form)** is defined as an incident that would cause you risk of personal injury or serious harm if not addressed immediately. The Assistant Superintendent or a designee shall decide if a grievance / complaint is to be treated as an emergency. If the Assistant Superintendent determines that the grievance **is not** an emergency, the grievance shall be returned to you to be filed through the normal grievance procedure. An emergency grievance will go immediately and directly to the Assistant Superintendent, and copies will be sent to the Superintendent's Office. The Assistant Superintendent or designee will investigate complaints against an institution and will respond to the grievance within 2 days. If you wish to appeal the response of the Assistant Superintendent, you may appeal this decision within 24 hours to the Superintendent or designee, the Superintendent will render a decision within 2 days of receipt of the appeal, if you wish to appeal the response of the Superintendent, you may appeal this decision within 24 hours to the Deputy Director's office, the Deputy Director will have 2 days to render a decision. All decisions are final at the Deputy Director's level."

The auditor was told by the Superintendent and the PREA Coordinator that If a resident files a grievance alleging that he has been sexually abused or sexually harassed, the grievance will be immediately moved into the PREA investigation stage and a referral will be made to the IAU.

Residents reported they were familiar with the Emergency Grievance process and specifically mentioned the Green Form that should be used for reporting an emergency grievance. Residents also said they were told, during intake, how to file an emergency grievance.

Standard

§ 115.353 Resident access to outside support services and legal representation.

☐ 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)

DYRS Policy 2.13 – IV. E. Victim Services states, "In addition to or in place of the counseling services provided by the DPBH clinicians in our facilities, all youth shall be made aware of community agencies, addresses and contact numbers of mental health practitioners that provide emotional support services related to sexual abuse. The Division shall enter into a Memorandum of Agreement with one or more such agencies to ensure statewide service agreement."

The DYRS provides access to outside victim advocates for emotional support services. DYRS has a written Memorandum of Agreement with Survivors of Abuse in Recovery (SOAR) which describes in detail the responsibilities of each agency in providing emotional support services to victims of sexual assault.

Information for SOAR is made available on the brochure Ferris School Resident Safety Guide What You Need To Know About Sexual Abuse/Assault and Harassment, which the facility provides to each new resident. Telephone and Internet contact information is also provided on the brochure for SOAR, Brandywine Counseling and Community Services, Delaware Guidance Services, Delaware Renaissance, and AIDS Delaware.

All residents reported that they have access to parents, guardians, and family members through visitation and phone calls and access to their attorneys, as needed.

During the site review, the auditor did not see any posters in the housing units that informed residents how to access outside support services. Although the previously mentioned brochure listed the names and phone numbers of five agencies, including SOAR, none of the 12 residents interviewed by the auditor could name SOAR as a resource to go to for emotional support or victim's assistance, even when the auditor pointed out the name of the agency on the brochure. For these reasons, the auditor found the facility did not meet the standard.

Shortly after the audit, the PREA Coordinator contacted SOAR requesting posters that would describe their services and contact information. The auditor was told the posters are now displayed on the housing units. In addition, Ferris School has adopted the approach used at another DYRS facility for resident PREA education. This method uses a "game show" format to engage the residents in PREA education, including learning about services available outside the facility that provide emotional support and victim assistance to victims of sexual abuse and sexual harassment.

The facility now meets all the requirements of the standard.

Standard

§ 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)

Visitors to Ferris School are informed of the Child Abuse Hotline phone number through the brochure, What you need to know about Sexual Assault, Harassment, and Abuse, and posters displayed throughout the facility that describe how third party reporters can report an allegation of sexual abuse and sexual harassment.

On the DYRS Web site, under the Prison Rape Elimination Act tab, it states, "*To report any sexual abuse or sexual harassment allegations regarding DYRS youth, call Delaware Child Abuse Hotline: 1-800-292-9582 or your local law enforcement agency.*"

A resident is also informed, during Orientation, that he can report sexual abuse or sexual harassment to his parents, family members, trusted staff, probation officers, or attorney and ask the person to call the Hotline.

Standard Official Response Following a Resident Report
§ 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)

DYRS Policy 2.13 – IV. C. states, "All staff are required to report any allegations and instances of Non-consensual Sexual Acts, Abusive Sexual Contact, and Sexual Harassment to the Child Abuse Hotline (800)292-9582." Staff reported they are also required to report any retaliation for reporting sexual abuse or sexual harassment.

Ferris School staff said they receive training on mandatory reporting and applicable mandatory child abuse reporting laws. Staff are also aware that they are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make investigation, treatment, security, and management decisions.

The medical and mental health staff interviewed said they are mandated reporters and that they tell residents of the limitations of confidentiality.

The superintendent stated that he or his designee will immediately report any allegation of sexual abuse to the Division Director or her designee and to the IAU. The superintendent or his designee will also promptly report any allegation of sexual abuse to the alleged victim's parent(s) or legal guardian (unless there is documentation that parent(s) should not be notified). If the resident is under the jurisdiction of the child welfare system or the juvenile court, the resident's caseworker, probation officer, and attorney will notified.

When an allegation of sexual abuse or sexual harassment is made, including third party and anonymous reports, to the Child Abuse Hotline, the Hotline staff will immediately notify the Institutional Abuse Unit. The IAU immediately initiates an investigation.

Standard
§ 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)

DYRS Policy 2.13 – IV. C. 2. e. states, "If the youth fears for his/her safety in their current setting, he/she can request a temporary transfer to another location (another housing unit or cluster). This request can be made through the facility procedures governing this type of request (or PREA implicated youth reports). For pre-trial facilities, the Superintendent or designee can also temporarily transfer the youth to another location if they feel the youth's safety is in jeopardy. In post adjudication programs, the option of placing the youth on a protective status (with additional staff) may be used when housing options cannot be utilized."

The superintendent and all random staff interviewed said that when a staff member learns that a resident is subject to a substantial risk of imminent sexual abuse immediate steps will be taken to remove the resident who fears for his safety from the threat. In the case of the Ferris School, the resident could be moved to a different housing unit or the other cluster. Given the design of the facility, the staff have several options.

The superintendent stated there have been no incidents where youth have been in imminent risk of sexual abuse at the Ferris School.

Standard

§ 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)

DYRS Policy 2.13 – IV.C.3. states, "Upon receiving an allegation that a youth was sexually abused while confined to another facility, the administrator of the facility that received the allegation shall notify the administrator of the facility or appropriate office of the agency where the alleged abuse occurred and shall notify the appropriate investigative agency.

a. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
b. The facility administrator shall document that notification to both the other agency administrator and the investigative agency has been made. Documentation must also show that YRS Director and the Division's PREA Coordinator have been notified."

The interview with the Superintendent confirmed that the Superintendent was aware of his responsibility to report any allegation of sexual abuse that was made by a resident at Ferris School that occurred at another juvenile facility to that facility's superintendent and the appropriate child abuse agency in the state were the allegation occurred. He also stated the reporting would be documented. The Superintendent also has a list of DYRS private provider agencies point of contact information.

Standard

§ 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)

All random staff interviewed by the auditor knew what to do if a resident reported to him/her that the resident had been sexually abused. Staff described specific steps he/she would take to ensure the resident's safety, report the allegation to the supervisor, protect the evidence and notify the Hotline. The auditor reviewed the training PowerPoint that describes how a first responder should react to a report of sexual abuse and found that it meets all the requirements. Documentation was provided that the training was delivered to staff, contractors, and volunteers.

Interviews with non-security staff confirmed that they were also aware of what to do and what to tell the residents to do and not to do.

Standard

§ 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)

The facility has established coordinated response flow charts that clearly describe how staff in the various areas will respond (security, investigations, health care, mental health, etc.) when an allegation of sexual abuse is made. One chart follows a scenario of staff-on-resident sexual abuse. The other chart follows a resident-on-resident sexual abuse. There is also a first responder checklist that provides a narrative that describes what specific staff will do. First responders can check off when specific tasks are completed. Interviews with staff in the various areas established that the parties had reviewed the flow chart and the checklist and understand their role and the overall coordinated response.

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)

The Division Director reported that the Department has not entered into or renewed a collective bargaining agreement since August 20, 2012. However, Department policy says an employee can be suspended, with pay, if there is an allegation of sexual abuse or sexual harassment. A substantiated case of sexual abuse of a resident could result in termination. There was one allegation of staff-on-resident sexual abuse that was being investigated at the time of the audit. The staff member was on suspension with pay pending the outcome of the investigation.

Standard

§ 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)

DYRS Policy 2.13 – IV. C. 2.f. states "Retaliation from youth or staff will result in disciplinary action and subject to full progression of sanctions and/or referral for criminal prosecution."

The PREA Compliance Manager is responsible for monitoring for retaliation. He stated that if a resident reported an abuse he would initiate the contact with the resident and he would monitor for retaliation for 90 days, longer if needed. At a minimum, contacts would be made weekly.

In monitoring for retaliation, the PREA Compliance Manager stated he would examine behavior and incident reports, observe the resident's interactions with staff and peers, and talk with the victim frequently.

If retaliation was suspected, the resident could be moved to another housing unit or cluster. The perpetrator could also be moved to another unit or the perpetrator could be given a new charge and moved to a juvenile detention center.

If a staff member was suspected of doing the retaliation, he/she could be suspended with pay pending the investigation or moved to a non-contact post.

If a staff member was the target of the retaliation, he/she could be moved to another post, to a different shift, or temporarily transferred to another facility on the campus.

There have been no incidents of retaliation reported at the Ferris School.

Standard
§ 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)

The Superintendent stated that there have been no reported cases of sexual abuse that required the resident to be placed in segregated housing. He stated that if segregated housing was used for a victim of sexual abuse, it would be used only as the last resort and only when all other less restrictive measures were determined or shown to be inadequate to protect the victim. If segregated housing were used it would only be used until alternative housing could be arranged. Given the design of the facility and the housing options the facility offers, it is very unlikely the facility would have to isolate a victim of sexual abuse.

Standard **Investigations**
§ 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)

All allegations of sexual abuse are investigated by the DSCYF Institutional Abuse Unit (AIU) and the Delaware State Police (DSP). Both agencies use investigators who have received the specialized training and follow the protocols required in the standards. The DSCYF and the DSP have a Memorandum of Understanding that describes the responsibilities of each agency in the investigation of a sexual abuse.

As previously mentioned, during the audit of the Residential Cottages, the auditor interviewed the investigators from the AIU who confirmed they have received the investigator training and additional training that goes beyond that required by the standard. The auditor interviewed the investigators from the IAU during the audit of Ferris School, as well.

If an allegation is investigated as a criminal case, the DSP will work with the prosecutor to move the case forward. The AIU collaborates with the DSP in the investigation of sexual abuse cases in state facilities. The DYRS will not conduct compelled interviews without the authorization of the prosecutor or the DSP.

The investigators said an investigation will not terminate solely because the source of the allegation recants the allegation or leaves the facility.

Residents know they cannot be required to take a polygraph exam as a condition of an investigation moving forward. This was confirmed during random interviews.

Administrative investigations, especially involving allegations of sexual harassment are not investigated by the DSP and rarely by the IAU. The Ferris School Investigator is responsible for investigating allegations of sexual harassment and whether staff actions or failures to act contributed to an abuse or harassment. As previously mentioned, the internal investigator completed the NIC training for Investigators.

The auditor was told by the IAU investigators that they were in the process of investigating an allegation of staff-on-resident sexual abuse at the Ferris School that was reported to have happened two weeks prior to the audit. The preliminary investigation indicated that a staff member and resident were communicating about being sexually involved at some point in the future. The IAU investigators had conducted several interviews and were reviewing other documentation. The staff member was on suspension with pay. The auditor was told that the DSP had not been involved in the investigation up to that point. Based on the interview with the IAU investigators, the auditor found that this investigation was moving forward very efficiently and would be concluded in a timely fashion. A report will be submitted to the DYFS Director.

This was the only allegation and investigation reported at Ferris School during the audit cycle.

All investigations will be documented in written reports. The retention schedule of the reports is consistent with the standards and what is required by Delaware law.

Standard

§ 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)

The AIU investigators stated the DSCYF uses the "preponderance of the evidence" standard in determining whether allegations of sexual abuse or sexual harassment are substantiated. This is applicable to the entire agency. For criminal prosecution, the standard is "beyond a reasonable doubt."

Standard

§ 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)

DYRS Policy 2.13 – IV. D.1.i states, "Upon notification from the Institutional Abuse Unit or law enforcement agency, the program administrator will ensure that the youth is notified of the outcome of the case via the Notification Form."

The DYRS has two notification forms that residents sign when they are informed about the progress of an investigation (Notification of Investigation Status) and when the investigation is ended.

Given that the investigation noted above was in the early stages, the Superintendent had not yet provided the Notification of Investigation Status to the resident who was the focus of the investigation involving a

staff member.

Standard Discipline

§ 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)

DYRS Policy 2.13 – IV. D.1.d states, "The staff sexual misconduct will be reported to the Child Abuse Hotline to address all matters involving staff actions that may not be of a criminal nature, yet still violates PREA, such as conversations or correspondence of a romantic or sexual nature."

DYRS Policy 2.13 – IV. D.1.e. states, "For all incidents that occur in Delaware's state operated facilities, the State will pursue personnel actions that honor due process and decision making that is in the best interest of the child."

DYRS Policy 2.13 – IV. D.1.f. states, "Upon completion of an investigation, the facility administrator will make a recommendation for training and/or disciplinary action as necessary, after consulting with the Human Resources Unit."

DSCYF Policy #309, Removal of Employees from the Workplace states:

"It is the policy of the Department to minimize the risk to employees and the public by removing employees from the workplace when their continued presence may pose a risk to the safety or security of residents, other employees, and the public or jeopardizes the public's confidence.

Allegations of events that may lead to immediate removal from the workplace will include, but not be limited to, the following:

1. Criminal Charges which, if convicted, could result in a recommendation of prohibited or unsuitable for continued employment by the Department.
2. The employee is being investigated for alleged child abuse/neglect.
3. Threats of violence.
4. Suspected Drug/Alcohol abuse.
5. Physical or sexual abuse against a resident.
6. Theft or other illegal activity.

When an employee has been charged with criminal misconduct as a result of activity related to the workplace or the employee is being investigated for alleged child/abuse neglect, there shall be an administrative investigation conducted by the Manager/Supervisor in conjunction with Human Resources, to determine whether the conduct meets the just cause standard for discipline. Such investigation shall be separate and detached from the criminal proceeding and/or Division of Family Services investigation of abuse/neglect. The decision to discipline must be based on the outcome of the administrative investigation and be separate from the criminal charges since the standard of proof to establish just cause is lower than the criminal standard for conviction."

DSCYF Policy #313 describes the steps that can be taken to separate an employee who has been involved in a substantiated case of child abuse, including sexual abuse. Termination is one option that is available to the Department in cases of substantiated sexual abuse or sexual harassment. The Department will notify licensing agencies, if appropriate.

As previously reported, there were no substantiated cases of staff-on-resident sexual abuse or sexual

harassment at the time of the audit. One allegation was under investigation. In that case, the employee was on paid suspension pending the outcome of the investigation.

Standard
§ 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)

DSCYF policies are applicable to contractors and volunteers as they would be for paid staff. Any allegation of sexual abuse or sexual harassment that rises to the level of a criminal act will be investigated by the IAU and the DSP. Volunteers and contractors would be immediately separated from the facility. The Department will notify licensing agencies, if appropriate.

Standard
§ 115.378 Interventions and 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)

The Ferris School Procedure 14.3, Major Rule Infraction, describes how the disciplinary process will be carried out. The auditor was told that the disciplinary process will consider the nature and circumstances of the abuse committed, the resident's disciplinary history, sanctions imposed for comparable offenses, and whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

If the allegation of resident-on-resident sexual abuse is substantiated, the Criminal Division of the Department of Justice would decide if the case will be prosecuted.

If the allegation is substantiated, but the State Prosecutor chooses not to pursue prosecution, the program may discipline a youth via the Cognitive Behavior Treatment (CBT) program.

The clinician told the auditor that a resident-on-resident abuser would be provided services while in the Ferris School but if specialized sex offender treatment was needed the abuser would be referred out to receive the services.

DYRS Policy 2.13 – IV.C.2.i. states, "If the program administrator has demonstrated that a youth has: 1) filed a grievance in bad faith; or 2) made a verbal report about a PREA matter in bad faith, the program may discipline a youth via the Cognitive Behavior Treatment (CBT) program. A copy of this incident shall be kept on file by the program's Compliance Manager and the PREA Coordinator."

Standard Medical and Mental Care
§ 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)

If the intake assessment indicates that the new resident has experienced prior sexual victimization he will be seen by the nurse and the psychologist within 72 hours, but more likely within one business day.

If the intake assessment identifies the new resident as a previous perpetrator, he will be also seen by the psychologist within 72 hours, but more likely within one business day.

As previously stated, information related to a resident's history of victimization or abusiveness that occurred in an institutional setting, or in the community, shall be strictly limited to medical and mental health practitioners and other staff who have a need to know.

The nurse and psychologist stated they do not obtain informed consent from residents before reporting information about prior sexual victimization because they are mandatory reporters under the law.

Standard
§ 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)

The DYRS has a Memorandum of Agreement with Christiana Care Hospital that states the services the hospital will provide to any resident from the facility who is a victim of sexual abuse. The Hospital has SAFE/SANE staff available. The Hospital will also ensure that the victim is offered emotional support services through a victim advocacy agency. As previously mentioned, DYRS has an MOU with SOAR.

The Hospital will provide timely information and access to emergency sexually transmitted infections prophylaxis, where medically appropriate. There are no female residents in this facility.

Treatment services are provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates in the investigation.

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)

A resident who is a victim of sexual abuse will receive continuing medical and mental health services, as determined by the medical staff and the psychologist. The evaluation and treatment of the victim will include follow-up services, treatment plans, and referrals for continued care following transfer to or placement in other facilities or release from custody.

The nurse and the psychologist said the level of care provided to the residents of Ferris School exceeds the standards of care in the community.

A victim/resident will receive tests for sexually transmitted infections, as medically appropriate, and timely information and access to emergency sexually transmitted infections prophylaxis, where medically indicated. There are no female residents in this facility.

Services will be provided without cost to the victim and the abuser.

The resident who is identified as the abuser will be seen by the psychologist at Ferris School as soon as possible. A reassessment for risk of victimization and/or abusiveness will be conducted. The psychologist

said the DYRS would refer a resident who requires specialized sex offender treatment to another facility.

Standard Data Collection and Review

§ 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)

DYRS Policy 2.13 – IV.D.4. states that the facility does have a sexual abuse incident review team that will review all sexual abuse investigations within 30 days of the report of the IAU or when directed if the official investigation extends beyond 45 days. In cases where the IAU declines to investigate and an administrative investigation is conducted, the team will review the administrative investigation. The review team will consider all the elements listed in 115.386.

The sexual abuse incident review team consists of the Superintendent, the Assistant Superintendent, the PREA Compliance Manager, the Program Managers and other staff as needed. The team will prepare a report of its findings on all allegations that are substantiated or unsubstantiated and any recommendations for improvement and submit such report to the superintendent, the PREA Coordinator, the Deputy Director and the Division Management Analyst.

The facility will implement the recommendations for improvement or document its reasons for not doing so.

Policy 2.13 also states, "As a matter of training and in the absence of real allegations, each administrative unit shall complete at least one mock review annually by the incident review team. A copy of the review shall be kept by each unit's PREA Compliance Manager and Coordinator."

Standard

§ 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)

During the audit of the Ferris School, the auditor interviewed the Management Analyst III. The auditor had interviewed the Analyst on previous audits, as well. On this occasion, the Analyst reviewed with the auditor how the DYRS captures data for every juvenile facility in the Division and all contracted facilities. The data is collected using four (4) different forms. One form collects information on the incident, one collects information on the victim, one form collects information on the abuser, and the fourth form collects information on an adult perpetrator. The data is aggregated and quarterly reports are published and distributed. The DYRS has collected this data since 2008. The data provides the basis for the DOJ Survey of Sexual Violence, as requested. The auditor was given a copy of the 2015 Survey of Sexual Victimization. The auditor finds that the DYRS exceeds the requirements of the standard.

Standard

§ 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)

DYRS has published four Annual Reports (2012 through 2015) that summarize all the data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training. The annual reports include all DYRS facilities and all contracted facilities that provide services for the DYRS.

There were two unfounded allegations (one in a DYRS facility and one in a contracted facility) in 2013 and three unfounded allegations (two in a DYRS facilities and one in a contracted facility) in 2014. In 2015, there were two unfounded allegations (both in private facilities) and three substantiated allegations (two in DYFS facilities and one in a private facility).

The annual report is signed by the Director of DYRS and is published on the agency's Web site.

The auditor finds that the Divisions comprehensive data collection system and annual report exceed the requirements of the standard.

Standard

§ 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)

The Management Analyst III reported to the auditor that he is responsible for the secure care of all of the data on sexual abuse allegations. Information is maintained in a secure cabinet in the Management Analyst's office. He is the only person with access to this data.

Before making aggregated sexual abuse data publically available, the Division removes all personal identifiers.

As previously mentioned, the Division's four Annual Reports are available on the agency's Web site.

Sexual abuse data collected pursuant to 115.387 is maintained for a minimum of 10 years.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his ability to conduct an audit of the agency under review. The auditor finds that as of August 19, 2016, the Ferris School for Boys, Wilmington, Delaware meets the requirements of the Prison Rape Elimination Act, Juvenile Facility Standards.

September 21, 2016

Auditor Signature

Date