

PREA Facility Audit Report: Final

Name of Facility: New Castle County Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: 06/09/2019

Date Final Report Submitted: 09/29/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Tammy A. Hardy-Kesler	Date of Signature: 09/29/2019

AUDITOR INFORMATION	
Auditor name:	Hardy-Kesler, Tammy
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Telephone number:	
Start Date of On-Site Audit:	2019-04-22
End Date of On-Site Audit:	2019-04-24

FACILITY INFORMATION	
Facility name:	New Castle County Detention Center
Facility physical address:	963 Centre Road, Building 14, Wilmington, Delaware - 19805
Facility Phone	302-633-3100
Facility mailing address:	

Primary Contact	
Name:	Michael Green
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Telephone Number:	302-633-3100

Superintendent/Director/Administrator	
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Facility PREA Compliance Manager	
Name:	
Email Address:	
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Facility Health Service Administrator On-Site	
Name:	Sarah Ciano
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Telephone Number:	302-633-3121

Facility Characteristics	
Designed facility capacity:	64
Current population of facility:	34
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	10-18
Facility security levels/resident custody levels:	
Number of staff currently employed at the facility who may have contact with residents:	111
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	

AGENCY INFORMATION	
Name of agency:	Division of Youth Rehabilitative Services
Governing authority or parent agency (if applicable):	Department of Children, Youth And Their Families
Physical Address:	1825 Faulkland Road , Wilmington , Delaware - 19805
Mailing Address:	
Telephone number:	302-633-2620

Agency Chief Executive Officer Information:	
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Agency-Wide PREA Coordinator Information			
Name:	Carrie Hyla	Email Address:	Carrie.Hyla@Delaware.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act onsite audit was conducted on April 22-24, 2019 for the New Castle County Detention Center (NCCDC). The facility is in the jurisdiction of the Delaware Department of Services for Children, Youth, and Their Families (DSCYF) and is operated by the Division of Youth Rehabilitative Services (DYRS). It should be noted that DSYCF which operates NCCDC is the state's child welfare agency. The audit was completed by Tammy A. Hardy-Kesler and the Auditor's Assistant, Renee McKellar of TAHK Consultants. All necessary clearances were completed for entry to the facility. Contract procurement was executed and finalized in June 2018 with TAHK Consultants. Previous onsite audit was completed on July 3, 2016. The designated Auditor was Charles J. Kehoe of Midlothian, Virginia. The facility was found to comply with all the PREA standards on August 19, 2016 by Mr. Kehoe. The Final PREA Report was signed on October 14, 2016.

The PREA Coordinator and the Auditor decided to utilize the Online Audit System due to the ability of the system to maintain secured information between both parties. Additionally, the Auditor and the agency were both familiar with the system from previous audits. There were no barriers that impeded the completion of the audit by the Auditor, DSCYF, or NCCDC.

The audit method utilized was practice based with collection of findings utilizing observation of practice, random document review of resident and staff files, investigation files, review of policy and procedure as pertains to Prison Rape Elimination Act (PREA), and interviews of specialized staff, volunteers, contractors, random staff, and random residents.

The Auditor was familiar with NCCDC and DYRS from prior PREA audits. Research was completed by the Auditor prior to the onsite audit. The Auditor located 2 articles written by an online news agency, the Delaware Online an affiliate of USA Today Network. One of the articles published pertained to staffing of the two juvenile detention facilities and the other was an incident that occurred at NCCDC. The article titled "Staffing issues impacting Delaware child abuse investigations, juvenile detention." The article was reported that DSCYF asked the Delaware lawmakers to increase funding for DSCYF to increase staffing. In the case of the 2 state operated detention centers, the article details the use of mandatory overtime and the utilization of casual seasonal and part-time employees to cover shifts at the detention facilities. Also, the article mentions that the department is holding job fairs as well as seeking pay increases for its staff in the hopes of filling vacant positions. During the onsite audit, it was found that there was increased staffing as a result of the request to lawmakers. The other article titled "Juvenile detention fight leaves four teens and staffer hospitalized" reported an altercation that occurred at NCCDC.

Further research established that NCCDC is not operating under any federal consent decrees. This was further confirmed by the PREA Coordinator. Found on DSCYF's website was a comprehensive section dedicated to PREA and the means to report sexual abuse and sexual harassment. The following was available on the website:

- Survey of Sexual Victimization Report 2008-2017
- All PREA Final Reports of audited state operated facilities from 2015-2018
- DYRS PREA Annual Report from 2012-2017
- PREA Risk Assessment Report from 2015-2017
- Mandatory Reporting Laws Information with form that must accompany the call

Also available on the agency's website was the Mandatory Reporting Law requirement which states that law enforcement, educators, and medical personnel are required to report incidences of any abuse to the Child Abuse Hotline, and all listed in law are required within 72 hours of the call to complete the mandatory reporting form that must be mailed or faxed to the Delaware Division of Family Services.

The Auditor had not received any confidential correspondence from either residents or staff prior to the onsite audit. The timeframe being referred to was from March 4, 2019 to April 22, 2019. The Auditor continued to check for correspondence until June 6, 2019.

Prior to the onsite visit, the Professional Standards Manager/PREA Coordinator provided the Auditor with the completed Pre-Audit Questionnaire (PAQ) through the PREA Online Audit System (OAS). It should be mentioned that the PREA Coordinator has changed due to retirement of the previous PREA Coordinator. The Interim PREA Coordinator began preparing the PAQ in September of 2018 which was taken over by the present PREA Coordinator. The Auditor received access to the PAQ through the OAS on March 15, 2019. The completed PAQ contained responses to questions pertaining to standards, the facility policies that pertained to PREA, agency wide policies, blueprints, forms, meeting documents, emails, brochures, Spanish and English student handbook, specialized PREA training certificates, invoices, Coordinated Response Plan, First Responder Checklist, memorandum of agreements, memorandum of understandings, affirmations, and operating guidelines for residential contracts funded by DYRS. Prior to the onsite audit, documents were reviewed by Auditor to establish the level of compliance with the PREA standards.

On February 27, 2018, the PREA Compliance Manager posted notifications throughout NCCDC of the upcoming onsite audit scheduled for April 22-24, 2019. The Compliance Manager provided a time stamped photograph of when the notifications were posted. Notifications were provided to inform residents and staff of the onsite audit, as well as the information to send confidential correspondence to the Auditor. During the onsite audit tour of the facility, the notifications were found to be located at the entry of the facility and continued throughout the building, including all housing units. The postings were highly visible in comparison to other papers posted in the facility. The text was typed in a large and simple font. When the posting was sent to the PREA Coordinator, it was explained by the Auditor that staff and youth should be allowed to communicate with the Auditor in the same manner that legal correspondence is handled.

Inquiry was made with Just Detention International (JDI) to obtain if any allegations of sexual harassment or sexual abuse had been reported for the NCCDC in Wilmington, Delaware. On April 8, 2019, a message was received from JDI stating there were no reports of sexual harassment and sexual abuse made within the last 12 months for NCCDC. The Auditor contacted a local community-based group and the Christiana Care Hospital. The Executive Director of Survivors of Abuse in Recovery (SOAR) was contacted on 4/30/19. It was disclosed that there is an existing memorandum of agreement with DYRS for the state operated facilities. Also, the Director reported there were no request for services in the last 12 months by DYRS specifically NCCDC. Also, the SANE/SAFE Coordinator from the Christiana Care

Hospital stated that there was existing affirmation for forensic examinations between the hospital and DYRS. Both agencies stated that they were not aware of any treatment for sexual abuse or request for victim services by youth detained at NCCDC.

Communications occurred between the Auditor and the PREA Coordinator frequently by telephone and issue log maintained through email. It was understood between the Auditor and the PREA Coordinator that the goal of the audit was to ensure the sexual safety of both residents and staff at NCCDC. The expectation of the Auditor is that the facility allows unimpeded access to staff, residents, documentation, and the facility plant. Prior to the onsite audit, the PREA Coordinator and the Auditor discussed the schedule for the onsite audit. It was decided that the onsite tour and documentation review of random staff files, random youth files, logs, and investigation files would occur on the first day. A portion of the interviews of specialized staff, target population, random staff, and random youth would be completed on the last 2 days which convened between the DSCYF Main Campus conference room and the conference room located at NCCDC. Both conference rooms were conducive to confidential PREA interviews.

Prior to the onsite audit, the Auditor compared the PREA Compliance Audit Tool to the Pre-Audit Questionnaire that was provided by the PREA Coordinator. The comparison revealed that there was missing information. The Auditor and PREA Coordinator maintained an issue log through email which resulted in the PREA Coordinator uploading missing documentation into the supplemental files of OAS. During the onsite audit the following information was provided by the PREA Compliance Manager and the Facility PREA Investigator which included staff list and resident list. Randomly utilizing dates, the Auditor requested post assignments, PREA related logs and footage of rounds, resident training documentation, PREA risk assessments, footage of PREA rounds, and all documentation related to sexual abuse and sexual harassment allegations. Additionally, there were communications between the PREA Coordinator and the Auditor throughout all the phases of auditing. Lines of communication were done through telephone, email, and onsite request. Auditor was provided with all information requested in a timely manner. Additionally, the Auditor was given full access to NCCDC.

Preceding the tour and document review, there was an opening meeting with the PREA Coordinator, Superintendent, PREA Compliance Manager/Assistant Superintendent for NCCDC, Facility PREA Investigator and the Auditor, and Auditor's Assistant. Further, the Auditor explained the task of collecting evidence of PREA compliance by the review of documentation, interviews, and the facility's practices.

Following the introductory meeting, the Auditor requested to tour NCCDC. Prior to arriving at the facility, the Auditor requested a fire drill blueprint rather than the original blueprint. The Auditor's preference was due to the detail presented in Fire Drill blueprints. On the first day of touring NCCDC, the Auditor sought the location of video monitoring, Child Abuse Hotline Phones, and PREA related posters. Also, practices and procedures were monitored as well. The onsite tour was conducted on first and third day in order for the Auditor to see all aspects of operation from agency level on the main campus to the facility operation, physical layout, and central command video monitoring configuration. During the tour of the facility, the Auditor was accompanied by the Superintendent, PREA Compliance Manager, and the NCCDC PREA Investigator. The facility was toured internally and externally to observe for areas of concern for sexual safety. The Auditor insured that the blueprints provided were in alignment with the actual physical structure. During the onsite tour, the Auditor observed that the building was well maintained, organized, walls were without defacing, classrooms were up to date with interactive whiteboards, and rapport between staff and residents was satisfactory.

While touring, the Auditor noticed that the facility had very good sight lines, and the cameras were in good positioning to capture many angles of view. Located throughout the facility was PREA audit postings

including in the housing units. On the third day of the tour video monitoring was operated to locate any blind spots and areas of concern. There was one blind spot that was identified which entailed further discussion with Superintendent, PREA Compliance Manager, and NCCDC PREA Investigator. The blind spot was in the Outdoor Courtyard where youth and volunteers work on the garden supervised by staff. There is no video monitoring located in that area.

When entering the facility, there is a small entrance way which is monitored by video and personnel. Upon entering the secured area, sits Central Command, and on the opposite is a walkway to the swiped secured administrative offices. Within that area, resident administrative records were secured in a file room. The Auditor found the records to be secured. Also, housed in this area is the conference room that was utilized for conducting interviews of random staff, random youth, and facility specialized staff.

Visitation is provided in the dining hall area, which is in close proximity to the classrooms. There is a small stage/amphitheater in between the 5 areas identified as classrooms/offices. The gym has a weight room, library, and a large outside recreation yard. All areas have video monitoring.

There are several areas that are not accessible to youth. These areas do have video monitoring. Another area is the maintenance laundry area which has swipe access. The kitchen is also swipe access, and the youth do not assist with meal preparation. The loading dock area is accessed by Central Command, and it has video monitoring.

Near Intake area, there is the medical and mental health offices. The Auditor viewed the location of stored files. All files were locked at the time of tour. The Auditor briefly questioned the Medical Practitioner on the posting of staff during medical services. During examinations, there are two medical personnel available in the examining room. The youth are always accompanied by custody staff when coming to the medical office. In as far as classification of youth, the medical or mental health staff provides an email to administration regarding gender conforming or non-conforming and the classification of youth into housing units based on PREA risk assessment. While onsite, the Auditor reviewed correspondence between the medical and mental health personnel and administration. It is a notation stating considerations if a resident could potentially be victimized or an abuser.

Throughout the facility, there were PREA posters in both English and Spanish. At the entryway of NCCDC, there were PREA related brochures and materials for third-party reporters to access. In total, there are 6 housing units at NCCDC, and there are 5 housing units that are in operation as living units. One of the two larger units of the 6 are getting cosmetic maintenance. When fully operational, there is 1 female unit and 5 male units. All units have staff offices attached to the activity area. All areas are video monitored.

All the units at NCCDC have exceptional observational qualities. All areas are easily visible, and the video monitoring can view all angles of the housing unit's activity areas including outside recreation yards. There is no visibility into youth's cells.

Upon entering a housing unit, the Auditor observed that staff of the opposite gender announce presence before entering the unit. The cross-gender announcement was made on several occasions. Signage was at each door regarding the appropriate opposite gender announcement. This practice of announcing presence was further confirmed by the interviews with random staff and youth.

On the housing units, the Auditor located the grievance collection areas for each unit. Within each

location was a writing utensil as well as blank grievance sheets and red PREA grievance sheets. Based on the information obtained during the tour and the interviews, residents can complete a grievance sheet regarding sexual abuse and sexual harassment, and the information is immediately called into the Child Abuse Hotline. It does not go through the established grievance process.

Additionally, each housing unit has individualized bathing stalls and toilets which is secured by a door. The individualized bathing stalls are sectioned so that a youth could bath in one section and dress in another without being viewed by staff or other youth. According to residents and staff, the door is locked and youth is granted entry. The door is secured on the outside by staff, and when the youth is finished grooming and fully dressed, the youth can exit. After interviewing both random residents and random staff, it was corroborated that residents undress, shower, and re-dress prior to coming out of individualized bathing stalls. The units are equipped with wet rooms. The Auditor checked the configuration of the wet room to see if a youth could be viewed toileting by staff on unit or by video monitoring. After looking at footage and standing in cell, it was found that residents could not be viewed toileting.

During the facility tour, there was a youth being processed through intake. The Auditor had an opportunity to speak with youth regarding his experience with the process. The youth disclosed that he had been to NCCDC on prior occasions. Additionally, the Auditor had an opportunity to briefly interview the YCR that was processing the intake. During the onsite tour, the PREA YRS demonstrated the intake process. The demonstration included the unclothed search and the initial information given to youth regarding PREA. During the mock unclothed search, the Auditor was shown the positioning of intake worker at the door and the verbal commands given to youth during the search. The Auditor determined from the informal interview and demonstration that strip searches are not always witnessed by another staff person during intake.

The Auditor located the phones utilized to contact the Child Abuse Hotline to report all allegations of sexual harassment, abuse, and retaliation. Youth at NCCDC can report instances of sexual abuse and sexual harassment on the phones directly outside the housing units. The Auditor randomly checked the Child Abuse Hotline phones, and all phones that were checked were in working order. During the onsite audit, the signage had to be changed, because there was a missing step not listed on the phone. During prior audits for DYRS, the phone system allowed for direct access to Child Abuse Hotline. The Auditor spoke to the operator within several seconds of placing call. The phones were centrally located for all housing units to use phone with privacy. Random phones were checked by Auditor for operation. All phones that were checked were operational and the Auditor could connect to the dispatcher within seconds of the call being placed. Dispatchers were aware of PREA and the Auditor's responsibility to check that phones were accessible and operational for youth if the need arose to report allegations of sexual harassment and sexual abuse.

During the tour of NCCDC, it was noted that there were no areas of isolation. According to the random youth interviewed, they have not witnessed or been placed in isolation. They have been placed in rooms for Administrative Intervention. During the tour of facility, there were mobile beds that are used when a youth has to be in close proximity to staff.

At the time of the onsite audit, there were 27 residents detained at NCCDC. There were 4 females and 23 males. Out of the 27 residents, there were 10 residents interviewed. There were no open allegations of sexual abuse or sexual harassment and no youth available from earlier allegations of sexual abuse and sexual harassment. The 2 sexual abuse allegations were made on May 29, 2018. There were 10

youth selected for random interview, and two youth that identified in a targeted group interviewed. There were no youth that identified as limited English proficient, physically disabled, blind, deaf, or hard of hearing. It was disclosed to the Auditor by the Institutional Abuse and an NCCDC PREA investigator, there were no residents residing at the facility that had allegations or open investigations in process of sexual harassment, sexual abuse, or retaliation. There were no barriers by NCCDC in obtaining information about the identification of youth in targeted groups. The average length of stay at NCCDC is very low so this factor impedes the ability to interview residents that were either victims or perpetrators of sexual abuse or sexual harassment at NCCDC.

In the administrative conference room at NCCDC, the Auditor conducted confidential interviews with randomly selected staff, specialized staff, random youth, and youth from target groups. Upon arrival to the facility, the PREA Manager and PREA Facility Investigator made available the list of staff and residents. The remainder of interviews of specialized staff were already prepared by the PREA Coordinator along with the interview schedule.

Established PREA Protocols were utilized for interviewing selected staff and residents of NCCDC and DYRS. The Auditor wanted a cross section sampling of random staff. Selection was based on shift, time employed, and position. Staff from all three shifts were representative of random staff interviewed. The Auditor also interviewed staff that were hired within the year as well as staff that were at the facility for over 10 years. Additionally, two non-custody staff members from maintenance and a Recreational Specialist were interviewed. When interviewing the staff that held the position as YCR, it was found that the position encompassed at least two responsibilities identified as specialized staff according to PREA. The position required being a first responder and intake responsibilities. The Auditor interviewed 12 random staff and 14 specialized staff. There were 2 community groups and 1 Delaware State Police Representative interviewed. There are 3 shifts that operate within the facility. It should be noted that the Auditor met with staff from all 3 shifts. Upon review of staffing plan for 2017, the plan exceeded requirements of the PREA standards for staff to youth ratios. There was no deviation of the staffing plan, confirmed by random review of staff post assignments and random log review. The NCCDC enforces the freeze or retention of staff if there is any risk of possible staff shortage on a shift. According to random staff, freeze is the procedure that is utilized if there is a potential of staff shortage.

For the random residents, the Auditor wanted a cross section of the population. Random youth selection was based on age, time at facility, and gender. Target youth were selected based on PREA Risk Assessments and youth identified by administration as meeting the criteria as a member of the target population. The Auditor interviewed a resident that verbally identified and identified on PREA Risk Assessment as LGBTQI and another youth was interviewed that was identified as learning disabled. The Auditor interviewed 10 random youth and 2 youth identified as part of the target population. During the onsite audit, there were no residents identified as having prior sexual victimization, limited English proficient, or youth being placed in isolation. It should be noted that the NCCDC does not utilize isolation. Youth are placed on Administrative Intervention on an active housing unit for safety and security of facility.

The Auditor interviewed the following positions that were in alignment with the required specialized staff list: Other titles listed are community-based interviews.

Agency Head

PREA Coordinator

Assistant Superintendent serves as PREA Compliance Manager

Contracts Manager
Management Data Analyst
Criminal History Unit Representatives
Human Resource Representatives
Medical Practitioner
Mental Health Practitioner
Training Coordinator
2 Institutional Abuse Investigators
NCCDC PREA Investigator serves as YRC III
Education Supervisor via telephone
Volunteer via telephone
Christiana Care Hospital SANE/SAFE Coordinator via telephone
Executive Director SOARS via telephone
Representative of Delaware State Police via telephone (Investigations)

On the last day of the onsite audit, the Auditor began interviews of specialized staff. Specialized staff interviews provided details of operational processes and practices within the agency and the facility. To ascertain evidence of compliance to the PREA standards, the PREA Resource Center Interview Protocols were utilized as well as additional questioning when necessary.

DYRS has a process to collect all data pertaining to any sexual harassment and sexual abuse that occurs at either a state operated facility or a contracted residential facility. The Management Data Analyst is responsible for maintaining the documentation. The agency makes all aggregated reporting available to the public on the agency's website without disclosing any personal identifiers.

Staff were asked questions pertaining to the DYRS PREA Policy 2.13, which indicates zero-tolerance for any incidences of sexual activity, definitions of terms utilized in the policy, procedures, prevention, reporting by staff, reporting by youth, investigations, victim services, and data collection, training, forms, and first responder responsibility.

During the interviews with randomly selected residents, the PREA Resource Interview Protocols were utilized as well as other PREA related questions. Inquiry of randomly selected residents included their understanding of zero-tolerance for any sexual activity; their knowledge of mechanisms to report incidences of sexual abuse and sexual harassment; the right to be free of sexual harassment, abuse, and retaliation; discipline associated with sexual harassment, abuse and retaliation; and access to medical and counseling services in the instances of sexual harassment and sexual abuse. Interviews with staff and residents both revealed high levels of proficiency in retention of information pertaining to PREA. The staff could recall first responder responsibilities, methods to report for both residents and staff, and the agency's stance on zero-tolerance for sexual abuse and sexual harassment. Youth could recall methods to report incidents of sexual abuse and sexual harassment, their right to be free from sexual abuse and sexual harassment, and when they received their trainings. Review of training records proved that both staff and residents had signed that they had received training and received documentation on the PREA standards. In the case of the residents, the records revealed that they received an initial introduction to PREA at intake and within 10 days they were given a comprehensive orientation to PREA.

The remainder of the specialized staff was interviewed at the facility. At the time of the audit, school was not in session. PREA Compliance Manager provided the youths daily schedule as well as various

programs and treatments that were provided to youth. The Auditor had the opportunity to interview 2 non-custodial staff at NCCDC. The staff members could share their responsibility in the case of sexual abuse or sexual harassment. It was further disclosed in the interviews that these 2 staff member's interaction with youth was always with the presence of custodial staff.

The Auditor interviewed by phone a volunteer that provides life skills and faith-based services. The volunteer comprehended his responsibilities under PREA.

In corroboration with the DYRS Policy #2.13, each department provided detailed samples of practice that demonstrated the facility's ability to prevent, detect, and respond to allegations of sexual harassment, sexual abuse, and retaliation. Staff that was responsible for direct care and Medical and Mental Health Practitioners explained their role in completing risk assessments as well as mandatory reporting and responding to incidents of sexual harassment and sexual abuse. Further, there was collaboration with the Medical and Mental Health Practitioners regarding the agreements with the Christiana Care Hospital for forensic medical examination and Survivors of Abuse in Recovery (SOAR).

Three investigator's interviews were done in person. During the interviews, there was a detailed account of the process by which investigations are handled in the case of allegations of sexual harassment and sexual abuse within NCCDC. Both the NCCDC PREA Investigator, Institutional Abuse Unit (IA), and the Delaware State Police (DSP) investigates allegations of sexual abuse at NCCDC. Further, there was a discussion of the process in the preservation of evidence. Towards the end of the interview, there was a dialogue surrounding the case if a victim recants, and it was found that if a victim recants, it is the obligation of the investigator to continue the investigation. The IA investigators were not involved in the investigation of the 2 sexual abuse allegations at NCCDC. It was determined by the dispatcher that the allegations were administrative. The Auditor reviewed the incident reports and documentation pertaining to sexual abuse and sexual harassment allegations from the Data Management Analyst. The Auditor reviewed all documentation utilizing the PREA Audit-Juvenile Facilities Documentation Review- Investigations.

The administrative investigations are the responsibility of the NCCDC PREA Investigator, and civil investigations are the responsibility of IA. All criminal investigations are investigated by DSP and/or MPD. Within the last 12 months of reporting there was 2 allegations of sexual abuse at NCCDC. The Auditor reviewed 2 Sexual Abuse Incident Review Forms, and it was found that there was 2 unsubstantiated within the 12-month reviewing period. These findings were in alignment with the interviews of the NCCDC PREA Investigators, Superintendent, Management Data Analyst, and the PREA Compliance Manager. At the time of the audit, the youth that were involved in the allegations were no longer detained at NCCDC. Following information was ascertained upon review of the documentation provided on the sexual abuse:

1. Youth on Youth Abusive Sexual Act Unsubstantiated
2. Staff on Youth Sexual Harassment Unsubstantiated

It was further established that there were no sexual abuse or sexual harassment allegations in progress with the Management Data Analyst, PREA Coordinator or the PREA Compliance Manager. All the cases were investigated by the NCCDC PREA Investigator. The allegations were not investigated further by IA investigators or criminal investigators of DSP. During the interview with IA, the process of referral of investigations was to follow the protocol that the Child Abuse Hotline was to be contacted initially, and then the dispatcher from the Child Abuse Hotline would in turn contact IA. Once IA received the

information, they would determine whether the investigation necessitated the involvement of IA or DSP. If it was found that those investigative bodies were not necessary, the responsibility of investigation would be finalized with the NCCDC PREA Investigator and the Human Resource Department. In total, there were 2 administrative investigations completed. During the last 12 months, there were no criminal cases of sexual abuse or sexual harassment referred to prosecution, indicted, acquitted, or convicted.

During the onsite audit, there was a review of resident and staff files pertaining to PREA required mandates as well as electronic training files and criminal background checks. Additionally, there was a review of all documentation pertaining to the 2 allegations of sexual harassment and sexual abuse. The selection of 10 youth files that were interviewed included the 2-youth identified in the target population as well as 2 inactive files. The youth files included signed documentation of the completed initial and comprehensive PREA trainings. There were 12 PREA risk assessments reviewed. In the case of the 2 sexual abuse allegations, the notification form to the youth was available. Staff personnel files selected were 10 of the random staff interviewed. Staff files had all signatures indicating that training was attended and comprehended. Also, the files contained a yearly affirmation/promotion form signed by staff that they had not participated in, were convicted of or adjudicated of any sexual abuse or sexual harassment within the previous year.

The electronic database training files and signature pages from PREA training indicated that all staff at NCCDC were trained and in compliance with required trainings pertaining to PREA mandates. Additionally, the PREA training curriculum was reviewed, and found to contain the agency's policy of zero-tolerance for sexual abuse, sexual harassment and retaliation. Training also included reporting, first responder's responsibilities, how to prevent sexual abuse and sexual harassment, juvenile sexual violence, and how to prevent, deter, and detect sexual abuse, and sexual harassment. Criminal Background checks could not be verified beyond the capabilities of DELJIS which only obtains Delaware State Criminal History. Auditor is awaiting the documentation that appropriate background checks are completed.

Upon completion of the on-site audit on April 24, 2019 there was an exit meeting held at 3:00 p.m. with the Auditor, Auditor's Assistant, Agency Director, PREA Coordinator, Superintendent, Assistant Superintendent (PREA Compliance Manager), and the NCCDC PREA Investigator. At the end of the onsite audit, there was a closing meeting held with the Agency Head, Superintendent, Assistant Superintendent/PREA Compliance Manager, PREA Coordinator, PREA Facility Investigator, Auditor, and Auditor's Assistant. The only item that was requested at that time was proof of the 5-year criminal background checks due to DELJIS only providing Delaware state criminal background checks, which does not include the federal background checks. Contact information of participants were obtained by Auditor's assistant so that all means of communication were made available.

During the meeting, the Auditor mentioned that according to all random youth interviewed that the youth felt safe from sexual harassment and sexual abuse at NCCDC. Lastly, the Auditor thanked the administrators and the residential staff for their continued efforts in maintaining the implementation of the Prison Rape Elimination Act at NCCDC.

During the post onsite audit phase, there was continued communication to obtain documentation as well as ask any questions pertaining to the audit. The Auditor continued to check for any communication from P.O. Box from NCCDC staff and/or residents. The Auditor had not received any confidential correspondence from either residents or staff from March 4, 2019 to June 6, 2019.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The New Castle County Detention Center (NCCDC) is located on the campus of the Delaware Department of Services for Children, Youth, and Their Families. NCCDC is operated within the jurisdiction of the Division of Youth Rehabilitative Services which is under the umbrella of the Department of Services for Children, Youth and their Families.

NCCDC is one of three facilities operated by the Division of Youth and Rehabilitative Services on this campus. The campus is located on the outer limits of the city of Wilmington, Delaware. The campus is located within the DuPont Company's World Headquarters. Majority of the city is urban with the outer limits suburban. The other two facilities operated by DYRS on the campus are the Residential Cottages and the Ferris School for Boys.

DYRS provides services to youth that are identified by family court as needing detention, treatment, probation, and aftercare services. Upon release from NCCDC, youth can be further adjudicated to another juvenile setting, therapeutic program, adult facility, electronic monitoring, or parent/guardian. While detained at NCCDC, youth receive risk and needs assessments, education, medical care, and Cognitive Behavior Therapy (CBT). Majority of the youth are detained by New Castle County Family Court.

The agency's mission is to guide youth involved in juvenile justice to a successful future and support public safety.

The facility's mission reads as follows:

The mission at NCCDC is to assist the individual and family crisis by:

- A. Providing a safe, humane, and secure residential setting for detainees.
- B. Providing immediate structure and respect in a normative culture environment.
- C. Providing a classroom educational program, group discussion on adolescent issues, and recreational activities.
- D. Providing a behavior management system that requires improvement in attitude, behavior, and demands contributions to the secure group living community, which will hopefully motivate learning interest and self-change.

The facility utilizes direct supervision and real time video monitoring. There are 148 cameras throughout the facility. The capability to obtain footage is for up to approximately 18 days. The facility significantly exceeds the PREA standards for staff to youth ratios. The facility has a protocol of mandatory overtime or freeze to prevent staff shortage.

The facility sits deeply within the corner of the DSCYF Campus. The facility sits several hundred yards from the main corridor. Intake is located in the front of the building behind the fence.

The entrance of NCCDC has a small waiting area. On the counter were brochures of information

regarding PREA and the Resident Handbook for parents/guardians to review. Beyond the security desk is the entrance to both the secured facility and administrative offices.

Central Command has one desk with several monitors to view the 148 cameras. The cameras were all operational during onsite audit. The 148 cameras are adequately placed to ensure that sight lines are captured so that any allegation of sexual abuse and sexual harassment can be prevented, detected, and if necessary, captured for evidence.

NCCDC has a food service department which is state operated. Youth do not assist with the preparation of meals. In the dining area, there is video monitoring.

The toilet and showers are individualized. The door must be unlocked for youth to enter. Upon entering the shower, youth must be dressed. After showering, the youth must be dressed prior to exiting. Also, the toilet must be unlocked prior to youth entering, and youth who exit must be fully dressed. Due to the configuration, youth can not be viewed during toileting and showering. The configuration of the toilet and shower improves the ability to detect, prevent, and respond to sexual abuse and sexual harassment. Additionally, the configuration allows for transgender and intersex youth to toilet and shower privately in accordance to the PREA standard.

The facility's education department is separate from the housing units. In the center of the cluster of classrooms, there is a stage/amphitheater. All classrooms have video monitoring. The classrooms are equipped with interactive whiteboards.

NCCDC has a large gymnasium with a weight room, library, and fenced outdoor recreation. All areas are monitored with video to prevent, detect, and respond to sexual abuse and sexual harassment.

Since the last PREA audit in 2016, NCCDC has added and upgraded cameras to 360 capability. According to the PREA Compliance Manager NCCDC has shown significant improvements in the ability to view, and PREA was a consideration in upgrading the cameras

NCCDC is a level V pre-adjudicated secure detention center for both females and males. The facility contains 5 male housing units and 1 female housing unit. At the time of the audit, the population total was 27 with 23 males and 4 females. Race and ethnicity resulted in 26 Black youth and 1 White youth. The facility's capacity is 64.

Residents of the NCCDC have access to several programs. Programs are specific to the needs of residents such as gender specific and age appropriate programs and activities.

The programs include:

- o Education
- o Cognitive Behavior Therapy
- o Counseling
- o Life Skills via Faith-Based Community Program
- o Transition/ Aftercare Services

NCCDC has 6 housing units. There is 1 housing unit dedicated to females, and the remaining are for males. At the time of the onsite audit, one of the housing units was receiving cosmetic renovations, and one housing unit had recently completed receiving cosmetic renovation. The building has 64 single rooms and there are no multiple occupancy rooms. The medical facility is best described as an infirmary. In the instance of a sexual abuse, a forensic sexual medical exam would be conducted at Christiana Care

Hospital.

It was reported that there are 28 volunteers and individual contractors who are authorized to enter facility.

During the onsite visit, there was 111 employees at NCCDC. Reported on the Pre-Audit Questionnaire, in the last 12 months there were 42 staff hired at NCCDC.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	0
Number of standards met:	43
Number of standards not met:	0

NCCDC Meets Compliance with 43 PREA Standards

Prior to Corrective Action NCCDC results were
Meet Compliance 38
Does Not Meet Compliance 5

Corrective Action Plan 115.313-Completed by NCCDC within the 180 day corrective action period.

Training with all staff including administration responsible for unannounced and announced PREA rounds with PREA Coordinator or agency training coordinator facilitating the training.

1. Document Training with a signature page and agenda
2. Footage

Auditor will determine the footage that is wanted of particular dates and shifts after reviewing logs. Copies of footage of rounds will be requested for 60 days after the training is completed. Based on the outcome of the quality of the rounds requested the Auditor will determine if additional time is needed. It is understood that footage can only be retrieved from video monitoring system in 15-day increments. Reminder PREA rounds will be documented and highlighted in the logs. Footage and documentation provided.

Corrective Action Plan 115.317-Completed by NCCDC within the 180 day corrective action period.

Agency will review procedure to collect criminal background searches every 5 years that are more inclusive than DELJIS which only reports crimes committed in Delaware. Due to DYRS employing individuals that reside in surrounding states, it is vital that the criminal background checks are far reaching and comprehensive. NCCDC will provide Auditor evidence that more comprehensive criminal background checks have been completed within 60 days of receiving the interim report. Auditor provided affirmation that the criminal background records checks were completed.

Corrective Action 115.365-Completed by NCCDC within the 180 day corrective action period.

With the assistance of the PREA Coordinator, PREA Compliance Manager, and the NCCDC PREA

Investigator, NCCDC will create a coordinated response plan specific to NCCDC. This plan will be made available to the Auditor within 60 days of the Interim Report. The institutional plan specific to NCCDC was completed and submitted to Auditor.

Corrective Action 115.367-Completed by NCCDC within the 180 day corrective action period.

NCCDC is to designate individuals or a department to monitor. The individuals or department is to be trained in monitoring retaliation at NCCDC. The training can be done by either the PREA Compliance Manager or Agency Training Coordinator. The Auditor shall be provided the signature page and the agenda from training for evidence. This evidence will be provided to the Auditor within 60 days of the Interim Report. Monitoring Plan was completed and submitted to Auditor.

Corrective Action 115.381 Medical and Mental Health Screenings; history of sexual abuse-Completed by NCCDC within the 180 day corrective action period.

PREA Standard 115.381 mandates that within 14 days of intake a youth who identifies as victimized or abuser is offered counseling. Evidence of notation or documentation in youths' mental health files. The evidence will be provided to Auditor within 60 days of Interim Report. Evidence of counseling provided to Auditor from FOCUS.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policy 2.13 Interviews PREA Coordinator (PC), PREA Compliance Manager (PCM) Youth Rehabilitative Services Organizational Chart NCCDC Organizational Chart The State of Delaware Employee Performance Plan for both PC and PCM</p> <p>115.311(a) After the reviewing of the DYRS Policy 2.13 PREA, it was found by the Auditor to be a comprehensive policy, and it specifically includes the purpose, policy, definitions, procedures, prevention, and investigations within DYRS. Established within DYRS Policy 2.13. II, there is written evidence of the agency’s zero tolerance for sexual abuse and sexual harassment in the agency operation of facilities and contracted facilities. The 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.”</p> <p>Outlined within DYRS Policy 2.13.IV is the agency’s approach to prevention, detection, and response to sexual abuse and sexual harassment. As part of prevention, DYRS requires that the administrators and supervisors maintain facility staff to youth ratios. Also, classification and assessment tools will be utilized to determine supervision needs of youth for the protection of victims and those known to be perpetrators. Intake staff is required to make a notation of youth’s conformity or non-conformity to their gender. Types of supervision would include housing decisions, movement throughout facility, and all routine and non-routine activities. Additionally, during all shifts supervisors and program managers are to conduct and document unannounced and announced rounds to identify and deter staff sexual abuse and sexual harassment. These rounds are to be highlighted in the unit logbook. When staff enter the housing units of the opposite sex, they are to alert youth by knocking on the door as well as announce their gender to ensure youth requiring privacy has ample time and notice. Youth with disabilities are to be provided the same information to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>Mandatory reporting is contained within the policy. All staff are required to report any allegations of sexual abuse and sexual harassment to the Child Abuse Hotline included is the telephone number. Failure to report any sexual related incidents will result in disciplinary action up to and including termination and/or criminal prosecution. Also, contracted programs are responsible for reporting according to their contract and operating guidelines. Further, the policy identifies the means by which a youth can report sexual abuse and sexual harassment to the Child Abuse Hotline and to third parties. The means by which a staff can report is also mentioned within the policy.</p> <p>Further contained in the policy is the procedures to ensure that staff and youth are trained in the detection, reporting, responses, accessing victim services of sexual abuse and sexual</p>

harassment. Staff is provided training by the Professional Development Center and NCCDC. According to the policy if sexual abuse and sexual harassment are detected, there will be an investigation which is prompted by a call to the Child Abuse Hotline. Child Abuse Hotline would contact the Institutional Abuse Unit. For matters which could result in criminal action, Institutional Abuse and the Delaware State Police would conduct a joint investigation. Incidents that are not accepted by Institutional Abuse Unit for investigation will receive an internal administrative review. The policy summarizes the medical procedures taken during an investigation of sexual abuse and sexual harassment. For allegations within an in-state contracted facility, they must report to the Child Abuse Hotline, law enforcement, and contractual compliance based on reportable events, and out-of-state procedures require that the facility comply with that state's child abuse and neglect agency.

DYRS Policy 2.13.IV addresses the response to sexual abuse and sexual harassment. In secure care, there are incident review teams whose purpose is to review if the facility needs to change policy, procedure, identify motivation of incident, examination of area to determine if there were physical barriers which enabled abuse, staffing ratios, and the need for upgrade to monitoring technology. Findings of the team are to be reported to the division's Management Data Analyst. In response to an instance of sexual abuse and sexual harassment, counseling services will be made available to youth. Moreover, youth are to be provided information to contact community agencies.

In accordance to DYRS Policy 2.13, all documents pertaining to allegations of sexual abuse and sexual harassment are to be distributed to all agency heads as well as the management analyst within 24 hours. The policy requires on a quarterly basis that a report is generated which ensures that outcome information is accurate and current. Yearly, an annual report will be available to the public through the website which will include findings and corrective action, comparison of data from the previous year, and an assessment of the progress in addressing sexual abuse and sexual harassment. This information may be redacted when necessary to protect the safety and security of a facility. All PREA related allegations and documentations shall be secured by the management analyst for 10 years.

115.311(b)

DYRS employs a Professional Standards Manager which entails the responsibilities of the PREA Coordinator for the entire agency. During the interview with the PREA Coordinator, it was stated that the responsibilities pertaining to PREA could be successfully executed. Embedded within the The State of Delaware Employee Performance Plan for the Professional Standards Manager is the responsibilities and duties associated with being a PREA Coordinator. The document establishes the role of developing standards and mandates in order to maintain compliance of PREA standards agency wide. According to the PREA Coordinator, there is nothing impeding the successful execution of responsibilities. The position is afforded time and resources by DYRS. The position can be found in the Youth Rehabilitative Services Director's Office organizational chart, and the position is located within the second level of leadership in the agency.

115.311(c)

The PREA Compliance Manager (PCM) reports directly to the Superintendent at NCCDC. The PCM at NCCDC additionally serves in the capacity as the Assistant Superintendent. According to the PCM, DYRS affords the position the necessary time and resources to successfully

complete the requirements of the position. The position is designated on the facility's organizational chart, and the individual serves in the capacity of authority to be able to coordinate the facility's efforts to comply with the PREA standards.

DYRS has demonstrated that it has met the standard 115.311. The agency has a written comprehensive PREA policy which outlines the means of detection, prevention, and responding to incidents of sexual abuse and sexual harassment. Additionally, the policy contains the purpose, definitions, procedures, prevention, reporting, investigations, victim services, and data collection. DYRS employs both a PREA Coordinator which is agency wide as well as a PREA Compliance Manager which is facility specific. Both the PC and the PCM stated that they were both afforded sufficient time and resources to successfully implement and comply to the PREA standards. Both positions were located on the agency's and facility's organizational chart, and both positions held the authority to facilitate the PREA standards in their capacity.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interview with Contract Manager DSCYF Operating Guidelines for Contracted Children and Family Programs and Services 5/1/2018 List of DYRS Residential Contracts with Facility’s Contact Information, Population and Audit Status</p> <p>115.312(a) During the onsite audit, DYRS was found to be in contract with 22 residential facilities in which 13 of those residential facilities are required to adopt and comply with the mandates of the PREA standards. Established in the DSCYF Operating Guidelines for Contracted Children and Family Programs and Services is the requirements of the facilities to adopt and comply with the PREA guidelines. All thirteen facilities have completed at least the first and second cycle of PREA Audits. There were 9 contracts for residential confinement that were below the threshold of 51% of the population being juvenile justice, which in turn did not meet the requirement to adopt and comply with the PREA standards.</p> <p>115.312(b) Within the DSCYF Operating Guidelines, there is a clause that states, In addition to “self-monitoring requirements” and submission to PREA state and federal audits, providers will allow DSCYF announced and 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. During the interview with the Contract Manager, it was found by the Auditor that onsite visits are made to facilities that are contracted for residential confinement. Additionally, DYRS requires that PREA audits are scheduled and once completed that DYRS is provided with the audit findings as well as interim and final reports.</p> <p>It appears that there has been a diligent effort on the part of the Contract Manager to maintain all records of contracts and PREA related documentation. The data was readily available and maintained on an Excel Spreadsheet. Additionally, DYRS has demonstrated from the DSCYF Guidelines the contractor’s obligation to adopt and comply with PREA standards. Also, the guidelines require that contract’s for residential confinements allow for contract monitoring by DSCYF representatives. Further, based on the DSCYF guidelines obligating residential confinement contracts to adhere to the requirement of adopting and complying to the PREA standards, as well as the allowance of contract monitoring, the agency meets the standard 115.312.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Workload Assessment (Staffing Plan) Supervisor’s Meeting 11/14/18 Director Team Meeting Minutes 11-28-18 Facilities Agenda Meeting Minutes 2/6/19 Supervisor’s Meeting 2/26/19 Visitation Committee Recommendations PREA Policy 2.13.IV.B.1 Interviews Random Staff Random Log Review Post Assignment Review Initial Footage of Unannounced and Announced Rounds Final Footage of Unannounced and Announced Rounds</p> <p>115.313(a) It is mentioned in the DYRS PREA Policy 2.13 that “It is the responsibility of the program administration and shift supervisors to maintain facility staff to student ratio in accordance with individual facility policies. In the case of NCCDC, the Workload Assessment is the staffing plan, and it was completed on March 15, 2016. The document further details the shift, placement of staff, roles of staff, and the number of staff and supervisors. The daily particulars of the location and duties of staff is captured on the NCCDC Daily Post Assignments and summarized on the NCCDC Shift Briefing Worksheet. It appears from random observation of random post assignments and Shift Briefing Worksheet that the minimum ratio mandated by the PREA guidelines are significantly exceeded. Below find the staffing plan based on 103 employees.</p> <p>A Shift Staffing 2 Supervisors 25 Youth Rehabilitative Counselors</p> <p>B Shift Staffing 3 Supervisors 21 Youth Rehabilitative Counselors</p> <p>C Shift Staffing 2 Supervisors 16 Youth Rehabilitative Counselors</p> <p>D Unit was closed when workload assignment was completed</p> <p>Transportation 1 Supervisor 5 Youth Rehabilitative Counselors</p> <p>Recreation</p>

1 Supervisor
1 Recreational Specialist
Food Service Operations
1 Supervisor
2 Full Time Food Service Specialist
4 Casual Seasonal Food Service Workers

Administration
Superintendent
Assistant Superintendent
Management Analyst
Administrative Specialist
Administrative Specialist casual seasonal
1 Custodian casual seasonal
1 Volunteer Services Coordinator casual seasonal

The following is information obtained from the workload assessment (staffing plan). Relief factor is 1.67 in order to staff one position for one year. Since the submission of the workload assessment thru the PREA Audit Questionnaire there were 12 additional staff hired. At the time of onsite audit, there were 111 employees.

According to the PREA Audit Questionnaire, the staffing plan was predicated on the average daily number of 31.

The Auditor did not locate any judicial findings of inadequacy, Federal investigative agencies findings of inadequacy or any internal/external oversight bodies findings of inadequacy.

Since the last PREA audit in 2016, DYRS has invested in 28 additional cameras, which brings the total to 148 cameras. During the onsite tour and the monitoring of the central command center, there was only one area that lacked cameras which was the internal outside courtyard area where students assist in a horticulture program.

115.313(b)

During the random review of unit logs and post assignment reports, there were no indications of deviation from staffing plan. Additionally, interview with random staff and specialized staff revealed there were no occasions where there was a deviation from staffing plan. Additionally, NCCDC institutes the process of freezing employees if necessary, to insure that staffing plan is maintained. According to facility leadership, there was no occasions of exigent circumstances.

115.313(c)

At the time of the onsite audit, NCCDC was not obligated by law or judicial consent decree to maintain staffing ratios of 1:8 during resident waking hours and 1:16 during youth sleeping hours. Both agency head, PC, and facility leadership confirmed that there were no existing obligated laws or judicial consent decree regarding staffing ratios. The Auditor searched public records to collaborate with interviews with agency head, PC, and facility leadership. It is evident upon review of the random daily post assignments and random unit logs that the NCCDC significantly exceeds the ratios for compliance to the PREA standards. There were no

documented exigent circumstances nor were there any reports during all interviews.

115.313(d)

Though DYRS was in the process of obtaining a permanent a PREA Coordinator, the agency continued to comply with PREA standards by collaborating to discuss staffing plans with agency heads and facility leaders. This adherence is evident in several documented minutes.

Supervisor's Meeting 11/14/18

Director Team Meeting Minutes 11-28-18

Facilities Agenda Meeting Minutes 2/6/19

Supervisor's Meeting 2/26/19

115.313(e)

It is required within the DYRS Policy 2.13.IV.B.4 that 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 and highlighted in the unit logbooks as it occurs. Additionally, staff is prohibited from alerting other staff members that the rounds are occurring unless it is related to the legitimate operational functions of the facility. Based on random review of logbooks, it was evident that announced and unannounced rounds were done infrequently by some supervisors, and many times they were not highlighted. After requesting random video footage, it was apparent that in many cases that the logs were signed, but actual rounds were unsatisfactory in nature. There was some video footage selected by PREA Compliance Manager that did reveal that satisfactory rounds were completed by a particular supervisor on a consistent basis. The Auditor asked the facility leadership and supervisors to demonstrate the procedures by which an unannounced PREA round would occur at any random time. Again, there were very inconsistent answers.

NCCDC meets the standard of 115.313. The facility demonstrated that it operated from a staffing plan. There was no exigent circumstance which caused a deviation from staffing plan in the last 12 months. The facility has significantly exceeded the PREA compliance of 1:8 ratio during waking hours and 1:16 ratio during sleeping hours. Currently, NCCDC has no existing laws or judicial consent decrees to maintain staffing ratios. Though DYRS was looking to replace the PC, the agency and facility continued to maintain compliance by having documented meetings regarding staff planning. During corrective action, NCCDC addressed inconsistency with the unannounced and announced rounds and the lack of follow-up documentation in the log. Facility provided required documentation and footage during the corrective action period.

Corrective Action 115.313- Completed by NCCDC within the 180 day corrective action period.

Training with all staff including administration responsible for unannounced and announced PREA rounds with PREA Coordinator or agency training coordinator facilitating the training.

1. Document Training with a signature page and agenda
2. Footage

Auditor will determine the footage that is wanted for particular dates and shifts after reviewing logs. Copies of footage of rounds will be requested for 60 days after the receipt of the Interim Report. Based on the outcome of the quality of the rounds requested the Auditor will determine if additional time is needed. It is understood that footage can only be retrieved from video monitoring system in 15-day increments.

Reminder PREA rounds will be documented and highlighted in the logs.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pre-Audit Questionnaire Interviews Random Staff Random Resident Agency Head PREA Coordinator PREA Compliance Manager Superintendent Training Coordinator PREA Policy 2.13 DYRS Policy 5.14 Random Review of Unit Logs Random Shift Summaries Onsite Tour Staff Training Material-Moss Group PowerPoint Presentation</p> <p>115.315(a) Both DYRS Policy 5.14.IV.D.3 and DYRS Policy 2.20 address resident searches at NCCDC. Discussed within the policies are the specifics of types of searches, when searches are conducted, how to perform searches, and who are to conduct searches. DYRS Policy 5.14.IV.D.3 does not specifically state searches are only in exigent circumstances, but in the DYRS Policy 2.20. IV.G.4, there is a specific clause which states that cross-gender searches are to be conducted only in exigent circumstances. Additionally, DYRS Policy 5.14.IV.F cited that body cavity searches can only be completed by a medical authority in a hospital setting. There were no documented exigent circumstances at NCCDC in the past 12 months according to reviewed random unit logs, random shift summaries and interviews. Interviewed random and targeted youth confirmed that they were only searched by same sex staff, and interviewed random staff attested that they had not performed any cross-gender searches in the last 12 months. Additionally, medical staff interviewed stated that there were no cross-gender cavity searches within the past 12 months.</p> <p>115.315(b) Elaborated further in DYRS Policy 2.20.IV.G.4 in the absence of an exigent circumstance cross-gender pat searches can not be performed on youth. According to reviewed documentation and interviews with targeted youth and random staff and youth, there was no instance of any non-exigent or exigent cross-gender cavity searches.</p> <p>115.315(c) In a circumstance that requires a cross-gender search, it is written within DYRS Policy 2.20.IV.G. that following the emergency written documentation must be completed to explain the exigent circumstance which would include the resources and why the policy deviation was necessary. The documentation must be reviewed and approved by the program’s manager immediately following the emergency and submitted to the Deputy Director, Division PREA</p>

Coordinator and the program's PREA Compliance Manager. According to the Agency Head, PC, PMC, and the Superintendent, there were no exigent circumstances in the past 12 months. In review of random logs and interviews with staff and residents, there were no exigent circumstances in the past 12 months that would have resulted in cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat searches at NCCDC.

115.315(d)

In order to insure that youth are afforded the opportunity to shower, perform bodily functions, and change clothing without the viewing of non-medical of the opposite gender viewing their breasts, buttocks or genitalia implemented procedures and Policy 2.13.IV.B.5. The policy states that staff of the opposite gender must alert youth by knocking on the door and follow by announcing their gender to ensure the youth, requiring privacy, has ample notice/time. During the onsite tour of NCCDC, the Auditor observed the use of posters at the entrance of all residential living units that stated the procedure to enter the unit. In bold red capital letters on the poster, it stated "KNOCK AND ANNOUCE." Following, it stated, "Male Entering Unit" and "Female Entering Unit" with further detail. The Auditor also witnessed staff knocking and stating their gender prior to entering the housing units of the opposite gender. Reviewing footage, it appeared to be common practice in the facility. Also, youth confirmed during interviews that this practice was adhered to by all staff. During staff interviews, it was stated by all staff that the practice of knocking and announcing was the procedure for entering living units. During the Auditor's viewing of electronic monitoring equipment, youth could not be viewed in either bathrooms or rooms.

115.315(e)

NCCDC prohibits staff from searching or physically examining a transgender or intersex youth to solely determine youth's genital status. Stated in DYRS Policy 2.20.IV.G.2, LGBTQI youth will not be physically searched in manner that is humiliating or degrading or for the sole purpose of determining the youth's physical anatomy. If a youth's gender is unknown, it will be determined during conversations with the youth, by reviewing medical records, or as a part of a broader medical examination conducted in private by a medical practitioner. At the time of the onsite visit, there were no residents identified by the PREA risk assessment as transgender or intersex for the Auditor to confirm that they had not been searched solely for the purpose of determining the resident's genital status. In speaking with the medical and mental health practitioners, the Auditor determined that in past cases of residents that identified as transgender or intersex information regarding genital status was disclosed during the PREA risk assessment, which is administered by the medical and mental health office. According to unit logs and interviews, there were no searches conducted for the sole purpose of determining the genital status of either transgender or intersex youth.

115.31(f)

Utilizing the material provided by the Moss Group, all custody staff are provided training by the office of training or at the facility on how to conduct cross-gender pat down searches and searches of transgender and intersex youth in a manner which is both professional and the least intrusive. Both the Training Coordinator and the PC confirmed that 100% of staff had received initial training as well as follow up training. The Auditor reviewed training records to confirm that staff had received necessary trainings. Also, random staff disclosed during interviews that they had received recent refresher training on all searches. During interviews with random staff, they were either asked to demonstrate or verbally explain a cross-gender

search or a search of a transgender or intersex youth. All staff was able to complete this task successfully. Moreover, DYRS had recently reviewed Policy DYRS 2.20 and Policy DYRS 5.14 on 3/12/19.

NCCDC has not conducted any non-exigent cross-gender strip searches, cross-gender visual body searches, nor cross-gender pat-down searches in the past 12 months. There have been no exigent circumstances which necessitated any need to conduct any cross-gender searches in the past 12 months. This has been confirmed through documentation review and interviews. The facility does maintain a policy that prohibits cross-gender searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. Within the policy, the facility must document all instances of cross-gender searches as well as report to agency heads, PC, PCM, and the Superintendent. The facility has implemented policies and procedures to ensure youth are able to shower, perform bodily function, and change clothing without opposite gender viewing breast, buttocks or genitalia. Additionally, the facility has demonstrated adherence of knocking and announcing by opposite gender prior to entering living units. Also, this practice is quoted in policy. Further, confirmed by Auditor staff are unable to view through video monitoring equipment youth in either the shower or rooms. DYRS established a policy that prohibits the search of transgender and intersex youth solely to determine genital status. The facility has provided training utilizing the Moss Group's training material. The facility has documented completion of training and continued to provide refresher training through the training office and the facility. For PREA standard 115.315 limits to cross-gender viewing and searches, DYRS has demonstrated meeting the standard.

115.316 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

- Interviews
- Education Supervisor
- Superintendent
- PCM
- NCCDC PREA Investigator
- DYRS Policy 2.13.IV.B.6
- DSCYF Policy 118
- List of Translation Providers
- Interview with Youth with Disability
- Student Handbook-Spanish
- PREA Brochure-Spanish

115.316(a)

It is established in DYRS Policy 2.13.IV.B.6 that each facility is to ensure that youth with disabilities of any kind, are given the same information to prevent, detect, and respond to sexual abuse and sexual harassment in a format supportive of the disability. DYRS has an existing contract with Government Support Services to provide translation and interpretation services. During the onsite tour, the Auditor was made aware of the list of vendors located in the intake area. In incident of a deaf youth being detained, a deaf youth can be provided American Sign Language services from the list of vendors. Review of the contract with Government Support Services, there were 5 vendors that provided American Sign Language, and there were 15 vendors that provided language interpretive and translation services. For visually impaired youth, the PREA training materials can be enlarged. There were no youth that were identified as significantly visually impaired in last 12 months.

In order to access NCCDC ability to provide PREA information to youth with learning disabilities, the Auditor interviewed the Education Supervisor by telephone. The Education Supervisor was asked to identify youth who were learning disabled and classified in need of special education services. Further, the Education Supervisor explained that youth having difficulty reading were always assisted in the comprehension of the NCCDC Student Handbook and PREA training material by education staff and YRCs. Further, the Auditor selected one of the youths identified as learning disabled to be interviewed. Upon interviewing the youth, it was found the youth understood NCCDC zero tolerance for sexual abuse and sexual harassment, and the youth demonstrated proficiency in the procedures in how and who to report any instances of sexual harassment and sexual abuse.

115.316(b)

DYRS has an existing contract with Government Support Services to provide youth that are limited English proficient with interpreters and translators in many different languages. This contract is provided to all state agencies, school districts, municipalities, volunteer fire companies, and political subdivisions. The agency does not vet these vendors for effectiveness, accuracy, impartiality, or use of specialized vocabulary. Through demographic studies that have been completed by the Delaware Department of Education, Spanish is the

most prevalent second language spoken in Delaware. Both the NCCDC's Spanish version of the Student Handbook and the PREA Brochure were made available through the Pre-Audit Questionnaire. At the time of the on-site audit, there were no youth that were limited English proficient. According to the Superintendent, PCM, and NCCDC PREA Investigator, and there were no youth that were limited English proficient in the last 12 months. Additionally, there were no cases documented in the Pre-Audit Questionnaire.

115.315(c)

DSCYF ensures within policy residents are prohibited from providing translation and interpretive services unless there is an emergency. DSCYF Policy 118.IV.B.b.i states absent emergency circumstances when it is not possible to wait for telephonic interpretation assistance, Department personnel shall not use children, family members, friends, neighbors, or service recipients to provide language assistance services in any context. According to interviews, there were no residents within the last 12 months identified as limited English proficient.

DSCYF has demonstrated meeting standard 115.316 in the ability to provide disabled youth and limited English proficient youth equal opportunity to benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, disabled youth have means to access American Sign Language if they are deaf. Youth that have limited vision or blindness can be provided enlarged PREA training material. For those youth that have limited reading ability, the PREA training material is written simplistically. Based on the Auditor's experience as an educator, the PREA training material is on the 4th grade reading level. It was also disclosed to the Auditor by the Education Supervisor that youth are assisted in reading and comprehending material when there is a learning disability.

The Education Supervisor identified youth that were learning disabled. A youth was selected by the Auditor in order to confirm that disabled youth were provided the opportunity to benefit from the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment. The youth was able to explain in full detail NCCDC zero tolerance on sexual abuse and sexual harassment as well how to report in the case of sexual abuse or sexual harassment.

Additionally, DSCYF has an established procedure for limited English proficient youth a means of benefitting from the agency's efforts in preventing, detecting, and responding to sexual abuse and sexual harassment. The agency has an existing contract that provides onsite, written, and by telephone interpretation and translation services. Since Spanish was found to be the second language spoken in Delaware, the NCCDC is proactive by having both the Spanish version of the Student Handbook and the PREA Brochure readily available at NCCDC. Lastly, DSCYF has demonstrated through policy that youth interpreters and translators are prohibited unless there is an emergency which prevents the ability to access the vendors provided.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policy 2.13.III DSCYF Policy 318.IV.2 DSCYF Policy 313 DYRS Policy 2.2.IV.B.1.a Human Resource Applicant Statement PREA Policy 2.13 Attachment F (PREA Acknowledge Form) Affirmation of Five Year Criminal Background Records Checks Interviews Human Resource Representative Criminal Background Unit</p> <p>Within the DYRS Policy 2.13, staff is defined as any Department employee, volunteer, contractor, official visitor, or other agency representative excluding family, friends, and other visitors. When interpreting policy regarding PREA mandates, the agency’s policies and procedures pertain to all listed individuals. DSCYF Policy 318.XI.A-E was specifically established to comply with the PREA mandates that address the hiring and promotion of staff. All staff that provide services to youth are to have criminal background checks, which are to be completed by the State Bureau of Identification (SIB), the Federal Bureau of Investigation and the Delaware State Child Abuse Registry. In DSCYF Policy 3.18 further details Department hiring managers are expected to conduct pre-employment checks as part of the employee selection process. Specifically in DSCYF Policy 3.18IV.E, it is stated if the background check results disclose that a person had been convicted or the employer verifies information of a sexual offense the Criminal History Unit may conduct a Sex Offender Registry for further information.</p> <p>Lastly in the policy in section 218.XI.A-C, a PREA Check is required for all candidates being considered for all positions in DYRS, including community services and secure care. All candidates are required to sign a Human Resource Applicant Statement. By signing this statement perspective employees are attesting that they have not participated in the following:</p> <ol style="list-style-type: none"> 1. Involvement in sexual abuse within facilities. 2. Engagement of sexual activity in the community. 3. Being civilly or administratively adjudicated of any of the above activities. <p>A PREA Check is obtained by the Hiring Manager reviewing the candidate’s resume/application to identify prior employment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (defined as any residential facility/program that houses juveniles (pre-trial and post adjudicated), seniors disabled or chronically ill or handicapped) and then contacting prior employer to verify the information on the PREA Statement. The Human Resources Department conducts the PREA Check. The PREA Check results must be assessed in accordance with the law and policies. If there is negative, inaccurate, or omitted information on a PREA Check, the selected candidate may be</p>

ineligible for employment or continued employment with DSCYF.

Once an employee is hired, there is a requirement annually to complete the PREA Acknowledgement Form. By signing this form staff is acknowledging that they have not participated in the following:

1. Involvement in sexual abuse within facilities.
2. Engagement of sexual activity in the community.
3. Being civilly or administratively adjudicated of any of the above activities.
4. Being investigated for or engaged in sexual assault or sexual harassment.

115.317(b)

As stated, prior, all Department employees, volunteers, contractor, official visitor, or other agency representative excluding family, friends, and other visitors are considered staff within the scope of DYRS Policy 2.13, which pertains to PREA mandates. DSCYF Policy 318.XI.A-E specifically includes volunteers who may have contact with residents. The same hiring and promotional practices are required. During a telephone interview with a volunteer at NCCDC, the volunteer was required to complete all required PREA Checks, criminal background checks, and training prior to being allowed to provide services to the youth at the facility.

115.317(c)

Within DSCYF Policy 313.III, there is a referral to Title 31, Chapter 3, Section 309 of the Delaware Code. The code requires that a check of SBI and FBI records and review of the Department's Child Protection Registry be conducted on employees of the Department hired after September 1, 1989 who have regular access or unsupervised direct access to children and/or adolescents under the age of 18. This code also applies to Child-Serving Entities. Also, the code mentions the checks are completed by the Department's Criminal History Unit prior to employment or during conditional periods of employment. The Unit will make the determination based on established criteria whether a prospective employee or current employee is eligible or ineligible or prohibited from employment.

Recorded on the Pre-Audit Questionnaire were 42 persons hired in the past 12 months that were required to complete the PREA Background Check which included criminal checks completed by the State Bureau of Investigations, Federal Bureau of Investigations, Child Abuse Registry, and DELJIS.

During the interview with the Criminal Background Unit, there was further discussion of the process by which the DSCYF maintains knowledge of employee's criminal infractions beyond employees disclosing the infraction. The Auditor was told that to obtain employee's criminal infraction status, the Criminal History Unit employs the use of DELJIS, the Delaware Criminal Justice Information System. If an employee of DSCYF commits a crime, they are flagged by DELJIS. During the interview with representation from the Human Resource Department, it was found that DELJIS only captures criminal infractions within the state of Delaware.

Additionally, DSCYF Policy 318.V require pre-employment reference checks to obtain the following information:

1. Involvement in sexual abuse within facilities.

2. Engagement of sexual activity in the community.
3. Being civilly or administratively adjudicated of any of the above activities.
4. Being investigated for or engaged in sexual assault or sexual harassment.

Information provided to the Human Resource Department by employee may be verified by contacting current and former employees.

115.317(d)

As stated, prior, all Department employees, volunteers, contractor, official visitor, or other agency representative excluding family, friends, and other visitors are considered staff within the scope of DYRS Policy 2.13 which pertains to PREA mandates. DSCYF Policy 318.XI.A-E includes volunteers who may have contact with residents. The same hiring and promotional practices are required. According to the Pre-Audit Questionnaire, there were 18 criminal background checks completed for contractors at NCCDC.

115.317(e)

DSCYF utilizes DELJIS to maintain the criminal background records checks of employees. Unfortunately, this system does not capture any charges other than the offenses in the state of Delaware. During the interview with the Human Resource Representatives the systems capabilities were discussed. DSCYF Policy 313.VI.A does not specifically put a timeframe of every 5 years on the criminal background check. The Auditor ascertains from interviews with the Agency Head, Criminal Background Unit, and the Human Resource the lack of a timeframe is due to the design of the information system that constantly captures or updates information in the event of a criminal infraction by employees. Since DELJIS does not collect offenses outside of Delaware, the Auditor requested that background checks be completed through the FBI for the past 5 years. The Auditor has concerns due to the small size of the state, and many staff that work at NCCDC reside in the surrounding states of Maryland, Pennsylvania, and New Jersey. During the onsite audit, the PC stated that the NCCDC will be providing these background checks. In the future, it has been discussed by the Agency Head that there is a possibility that DELJIS will have the ability to capture offenses outside of Delaware.

115.317(f)

Coinciding with employees' annual evaluations and promotions, employees are required to sign the PREA Acknowledgement Form. Signing of this form constitutes the continuing affirmation of duty to disclose any misconduct. The PREA Acknowledgement Form is an attachment to DYRS Policy 2.13. During the onsite audit, the Auditor located these forms in all 10 of the employees' files reviewed.

115.317(g)

During the interview with the Human Resource Representative, it was disclosed if the instance of an omission regarding conduct or false information is provided by an employee it is considered grounds for termination. Additionally, DSCYF Policy 3.13.VIII.a states that employees have an affirmative duty to immediately inform their supervisor or manager of any criminal convictions, arrests, investigations or indictment of themselves or any investigation of child abuse/neglect or entry into the Child Protection Registry. Failure to immediately notify supervisor/manager of any of the above, including final disposition, could result in discipline, up to and including termination. In DYRS Policy 2.2.IV.B.1.a, the same language is reiterated

pertaining to the responsibility of employees to inform supervisor of any allegations or convictions of a criminal nature including child abuse/neglect.

115.317(h)

Upon receipt of a request for information regarding a former employee by an institutional employer, DSCYF does disclose that information with the written consent of the former employee. During the interview with the Human Resource Employee, it was confirmed. DSCYF Policy 313 requires that designated Department employees are to provide Service Letter request. Referenced is the State policy which requires that background checks be provided as outlined in the Guidelines for Reference Checks, Human Resources Management, State Labor Relations & Employment Practices. Delaware has laws that protect employers who disclose accurate, documented, and truthful information about current or former employees.

During the onsite audit, NCCDC did not meet compliance with PREA standard 115.317. For the remainder of the PREA provisions, NCCDC complied during the onsite audit. During the corrective action period, the facility was found in compliance with PREA standard 115.317. The provision pertaining to the 5-year criminal background records checks was addressed during corrective action. NCCDC provided an affirmation of completion of the criminal background records checks. The DSCYF prohibits the hiring and the promotion of individuals who have engaged in sexual abuse in confinement; engaging in sexual activity in the community facilitated by force, threats, coercion or victim did not consent or unable to consent; or has been civilly or administratively adjudicated in activity described. Secondly, the agency policy requires consideration of any incidents of sexual harassment in the decision to hire or promote all employees, which includes contractors and volunteers. Additionally, the agency's hiring practices highlighted in policy includes the completion of SBI and FBI criminal background checks and a check of the Child Abuse Registry. Additionally, DSCYF also makes an effort to contact all institutional employers for information pertaining to substantiated allegations of sexual abuse or resignation during a pending investigation of an allegation of sexual abuse. Prospective employees are required to attest on the Human Resource Applicant Statement they have not been involved in sexual abuse in confinement and in the community, nor have they been civilly or administratively adjudicated from sexual abuse. Per policy in the instances of material omissions regarding misconduct or false information is considered grounds for termination by DSCYF. When requested, the agency provides information to an institutional employer regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee.

Corrective Action 115.317- Completed criminal background records checks within the 180 day corrective action period.

Agency will review procedure to collect criminal background searches every 5 years that are more inclusive than DELJIS which only reports crimes committed in Delaware. Due to DYRS employing individuals that reside in surrounding states, it is vital that the criminal background checks are far reaching and comprehensive.

NCCDC will provide Auditor evidence that more comprehensive criminal background checks have been completed within 60 days of receiving the Interim Report.

115.318	Upgrades to facilities and technologies
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 603 528">Director's Meeting Minutes Interview Agency Head PCM Onsite Tour</p> <p data-bbox="252 584 395 618">115.318(a)</p> <p data-bbox="252 629 1481 1211">Since the last PREA audit, DSCYF has not acquired any new facility or made any substantial expansion or modification to existing facilities. In review of the Director's Meeting Minutes, there was no notation of any plans for a new facility nor substantial expansion or modification to existing facilities. When the Auditor inquired of the Agency Head, it was confirmed that DSCYF did not acquire a new facility nor were there any plans for a new facility. Additionally, it was disclosed there were no substantial expansions or modifications at NCCDC, and there were no plans for substantial expansion nor modifications at NCCDC. During the onsite tour of the facility, the Auditor observed that there was minimal construction in the E and F living units at NCCDC. The renovations included replacing beds and the removal of an estimated 3x3 feet partition in the 2 wet rooms on each living unit. The removal of this small partition does make the wet rooms slightly easier to view, but there is no significant viewing advantage. The Auditor questioned the PCM the reasoning for the removal of the partition, it was explained that the partitions had no usefulness and the removal did provide more room, easier access to toilet, and a slightly increased viewing advantage.</p> <p data-bbox="252 1267 395 1301">115.318(b)</p> <p data-bbox="252 1312 1481 1727">NCCDC has upgraded the electronic monitoring system since the last audit in 2016. At the time of the last PREA audit it was documented the facility maintained 120 cameras. During the last audit, there was no documentation of deficiencies or blind spots in capturing footage at NCCDC. During the 2019 onsite audit, NCCDC increased the cameras from 120 to 148 cameras. Auditor reviewed cameras, and they were found to be operational. While reviewing the cameras, there was an informal conversation with the PCM regarding the decision to increase the number of cameras. PCM stated that the agency invested in cameras with 360-degree view capability and higher resolution. Ultimately, the upgrades in the cameras were to improve the overall operation of the facility and to enhance the facility's ability to protect residents from sexual abuse.</p> <p data-bbox="252 1783 1465 2119">During the last PREA audit, the courtyard located within the interior of the facility was not utilized by either the employees or youth. During this onsite audit, it was found a garden is now maintained by volunteers and youth within the courtyard. The Superintendent explained that residents and volunteers are supervised by YRCs during the maintenance of the garden. While reviewing the cameras, the Auditor was not able to get a view of the courtyard. It was recommended that NCCDC add cameras to this area due to youth and volunteers are in the courtyard. NCCDC's sight lines and lightening was satisfactory. There electronic monitoring does not capture youth toileting or showering.</p>

DSCYF meets the standard of 115.318 upgrades to facilities and technologies. According to Agency Head the facility has not acquired any new facilities or made a substantial expansion or modification since the last PREA audit in 2016. The facility has invested in the addition of 28 more cameras since the last PREA audit. The agency did consider how the upgrades in technology would improve overall operation and the agency's ability to protect residents from sexual abuse.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews NCCDC PREA Investigator DSCYF Institutional Abuse Investigators Delaware State Police Representative (via telephone) Random Staff Christiana Care Sane Coordinator (via telephone) PREA Coordinator DSCYF Child Sexual Abuse Protocol Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults- Christiana Care Hospital DYRS Policy 2.13.D.1-2.b. Pre-Audit Questionnaire Memorandum of Agreement Between the Division of Youth Rehabilitative Services and Survivors of Abuse in Recovery, Inc. Affirmation of Compliance with Investigative Standards for Sexual Assaults</p> <p>115.321(a) NCCDC has three investigative entities which include the internal NCCDC PREA Investigator (PI), the DSCYF Institutional Abuse Unit (IA), and the Delaware State Police (DSP). During the interviews with both PI and IA, the following was confirmed. Administrative sexual abuse investigations are handled internally by the PI and IA. When IA determines that a sexual abuse allegation is of a criminal nature the investigation is turned over to the DSP with the assistance of IA. All allegations of sexual abuse and sexual harassment must be called into the Child Abuse Hotline. From the hotline, the allegation is dispatched to the DSCYF Institutional Abuse Investigators who determines if the case meets the threshold to investigate criminally. If the decision is made by IA to have the incident of sexual abuse or sexual harassment investigated administratively, the investigation is returned to the PI.</p> <p>The information obtained during the interviews with IA and PI both are further supported in DYRS Policy 2.13.D.1-2.b. The policy outlines that matters of sexual abuse and sexual harassment are to be reported to the Child Abuse Hotline. In the case of matters that could result in criminal action, IA will conduct a joint investigation with the DSP.</p> <p>According to IA, DSCYF requires the Child Abuse Protocol is utilized in conducting investigations of allegations of sexual abuse and sexual harassment. The protocol defines civil offenses such as exploitation, pornography, sexual abuse, torture, and verbal innuendo. Criminal offenses are defined as indecent exposure, Incest, unlawful sexual contact, rape, sexual extortion, trafficking, child pornography, solicitation of a child, sexual relations in detention facility, violation of privacy, and lewdness. The protocol includes the guidelines for mandatory reporting. Further, the protocol outlines the procedures used during investigations. The protocol makes mention of the PREA mandate pertaining to the ability for youth to privately report sexual abuse and sexual harassment by another child or staff member. Additionally, it stated that DYRS staff must make an immediate report to the appropriate law</p>

enforcement jurisdiction for allegations of sexual abuse involving children in state operated and contracted facilities (includes youth on youth and staff on youth).

115.312(b)

The DSCYF Child Sexual Abuse Protocol is based on the U.S Department of Justice's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Within the DSCYF Protocol, there is a list of specific investigative actions that are age appropriate. Additionally, the list provides the responsible agency for each specific investigative action. One of the actions clearly states that the DYRS/Contractors are to adhere to the Prison Rape Elimination Act-Juvenile Facility Standards. Also, listed is the collection of evidence as well as photo and video documentation of crime scene. Another item is the collection of sexual assault evidence. Located in the document is the Minimal Facts Interview Protocol for First Responders which includes establishing rapport, questioning to get the what, where, who, when, and any witnesses or other victims.

An inquiry of Random Staff by the Auditor resulted in all staff being knowledgeable of the investigative entities which are responsible for the allegations of sexual abuse and sexual harassment at NCCDC.

The Delaware State Police Representative confirmed the use of the Child Sexual Abuse Protocol as well as stated that the protocol was indeed based on the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." It was also added that the DSP is sensitive to the specifics of investigating sexual abuse involving children and adolescents.

115.321(c)

Youth that experience sexual abuse at NCCDC would access forensic medical examinations at Christiana Care Hospital. Forensic examinations are not provided at NCCDC. The Affirmation of Compliance with Forensic Examinations Standards for Sexual Assault documents the procedures as well as the services provided to youth who experienced sexual abuse. The affirmation specifically states that youth are to receive services without financial cost to the victim. During a telephone interview with the Christiana Care SANE Coordinator, it was stated that Sexual Assault Nurse Examiners (SANE) are staffed around the clock at the hospital. There are over 20 certified SANE at the hospital. In the instance there were no SANEs available, the hospital has qualified medical practitioners that could perform a forensic medical examination. Additionally, the affirmation reads that in the absence of a SANE that is certified to work with children is not available, Christiana Care Hospital would transfer the child to A.I. Dupont Hospital.

In DYRS Policy 2.13.IV.D.2, it is cited that medical personnel gathering physical evidence or engaged in legitimate medical treatment while investigating prison rape will do so in a hospital setting. All medical interventions for PREA related incidents in New Castle County will be referred to A.I. Dupont or Christiana Care Hospital.

According to the Pre-Audit Questionnaire, there were no forensic medical exams performed in the past 12 months by a SANE/SAFE or qualified medical practitioner, and it was further collaborated with the Medical Practitioner at NCCDC.

115.321(d)

According to DYRS 2.13.IV.E., NCCDC would make counseling services available to all youth involved in non-consensual sex, abusive sexual contact, or sexual harassment. Those youth evaluated and treated at Christiana Care Hospital would receive counseling services at the hospital. While the youth remains in custody at NCCDC or as a follow up, the youth would receive counseling from the Division of Prevention and Behavioral Health (DPBH) psychologist or the DYRS contracted medical provider. Upon release, the youth would be made aware of community agencies, addresses and contact numbers of mental health practitioners that provide emotional support services related to sexual abuse. Lastly, the Division shall enter into a Memorandum of Agreement with one or more such agencies to ensure a statewide service agreement.

As a result of the DYRS policy, A Memorandum of Agreement Between the Division of Youth Rehabilitative Services and Survivors of Abuse in Recovery, Inc. was established. The documented agreement was renewed on March 11, 2019.

During the onsite audit, there were no residents that reported a sexual abuse while at NCCDC.

115.321(e)

Per the Memorandum of Agreement Between the Division of Youth Rehabilitative Services and Survivors of Abuse in Recovery, Inc., SOARS will provide direct mental health care to youth in the physical custody of a DYRS residential program who have been the victim of sexual abuse. The services will include the direct mental health services including crisis intervention, emotional support and information or referrals. The Auditor sought clarification if the clause in the memorandum included support during the forensic medical examination and investigatory interviews. The SOAR Executive Director clarified that if the youth requested support during the examination and investigatory interviews a representative would be made available.

115.321(f)

Administrative sexual abuse allegations are investigated by IA. Stated in the DSCYF Sexual Abuse Protocols the IA investigators are required to adhere to the procedures outlined. Listed within the document are several mandates. If it is determined the offense is criminal, IA is to investigate jointly with DSP. IA is to collect evidence both DNA and any available physical evidence including available electronic monitoring data. Consideration for victims of sexual abuse to receive access to forensic medical examinations. Alleged victims, perpetrators, and witnesses are to be interviewed. The investigation does not solely terminate if a victim recants. According to the protocol, a documented report of the investigation is to be made available.

During the interview with both IA investigators, they further confirmed that the Child Sexual Abuse Protocol would be followed in the incident of sexual abuse at NCCDC.

115.321(g)

DSCYF and DYRS are responsible for the administrative investigations of allegations of sexual abuse, but matters of criminal investigations of allegations of sexual abuse are the responsibility of the Delaware State Police (DSP). Existing between the Division of Youth Rehabilitative Services and the Delaware State Police is the Affirmation of Compliance with Investigative Standards for Sexual Assaults. Within the affirmation, DSP is affirming the

responsibility of investigating criminal allegations of sexual abuse in the DSCYF state operated facilities. DSP will follow a uniform evidence protocol. Secondly, all victims of sexual assault have access to forensic medical examinations. DSP is to gather and preserve direct and circumstantial evidence including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses as well as review prior complaints and reports of sexual abuse involving suspected perpetrator. The investigation will not terminate solely because the source of the allegation recants the allegation. Criminal reports are to be documented in a written report that contains a thorough description of physical, testimonial, documentary evidence and attached copies of all documentary evidence where feasible. Lastly, the curriculum is reviewed at a frequency to ensure compliance with national standards/concerns.

Understanding and compliance to the affirmation was further confirmed with the DSP Representative by telephone.

For the standard of 115.321 evidence protocol and forensic medical examinations, DSCYF meets compliance. The agency follows the Child Sexual Abuse Protocol which references PREA mandates. The protocol is developmentally appropriate, and it is adapted from the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." DSCYF requires that both IA and DSP follow uniform protocols when investigating allegations of sexual abuse. DSCYF provides victims access to forensic medical examinations by SAFE/SANE at the Christiana Care Hospital, and if a SAFE/SANE certified with children is not available the established affirmation allows for the youth to be transferred to A.I. Dupont. The agency has documented its efforts to provide a SANE through the Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults-Christiana Care Hospital. DSCYF has documented the agreement to make available victim advocacy through the Memorandum of Agreement Between the Division of Youth Rehabilitative Services and Survivors of Abuse in Recovery (SOAR), Inc. Cited in the affirmation and interview with the Executive Director of SOAR, SOARS will provide the victim upon request support during the forensic medical examination process and the investigatory interviews. The victim will also be provided emotional support, crisis intervention, information, and referrals. In the event that SOAR is not available, the agency has documented in DYRS 2.13.IV.E. that the agency would provide victim advocacy through DPBH or the qualified medical practitioner.

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 829 828"> Interviews Agency Head Superintendent PREA Coordinator (PC) NCCDC PREA Investigator (PI) DSCYF Institutional Abuse Investigators (AI) Delaware State Police Representative DYRS Policy 2.13 Attachment A Attachment B Attachment C Attachment D </p> <p data-bbox="252 884 1356 1086"> DYRS Policy 2.2 Reportable Events Review of 2 Unsubstantiated Allegations of Sexual Abuse occurring on May 29, 2018 Coordinated Plan Child Sexual Abuse Protocol https://Kids.delaware.gov/yrs/prea-reports.shtml </p> <p data-bbox="252 1176 1468 1814"> 115.322(a) DYRS has two policies to ensure that an administrative and criminal investigation are completed for all allegations of sexual abuse and sexual harassment. DYRS Policy 2.13 was established to specifically meet the mandates required in the PREA standards. Referenced in the clause pertaining to investigations in secure care, all matters that involve the allegation of any sexual contact as defined in this policy will be reported to the Child Abuse Hotline. It is further cited for matters which could result in criminal action, Institutional Abuse will conduct a joint investigation with the Delaware State Police. In the event of staff misconduct, the policy states staff sexual misconduct will be reported to the Child Abuse Hotline to address all matters involving staff actions that may not be of criminal nature, yet still violates PREA, such as conversations or correspondence of a romantic or sexual nature. According to policy, allegations that are not accepted by IA receive an internal administrative review. For those allegations which are investigated by IA and DSP, the program administrator is notified of the outcome of the case by the notification form, and the youth will be notified of the outcome of the allegations. </p> <p data-bbox="252 1870 1484 1937"> Attached on DYRS Policy 2.13 is 4 documents that are completed in the event of sexual abuse or sexual harassment. Find below the description of each attachment. </p> <p data-bbox="252 1993 1468 2116"> Attachment A- Sexual Violence Incident Form is completed for all allegations of sexual abuse and sexual harassment. The form identifies date, time, facility, location, victims, perpetrators, and the type of sexual violence. </p>

Attachment B- Sexual Violence Form is completed for each victim. The form identifies victim, demographics of victim, physical injury sustained, status of medical treatment, and reporter(s) of incident.

Attachment C- Sexual Violence Form is completed for each perpetrator youth on youth. The nature of the incident, and sanctions.

Attachment D- Sexual Violence Form is completed for adult perpetrator adult on youth. The nature of incident, employment status, job description, and sanctions imposed.

The second policy that ensures that investigations are completed is DYRS Policy 2.12. The purpose of DYRS Policy 2.12 Reportable Events is to ensure that factual information regarding significant events is addressed effectively and timely. The policy listed the critical and non-critical incidents that must be reported and documented. There were two incidents that were PREA related that were identified in the policy. One of the critical reportable events identified was in the event of institutional abuse or child abuse resulting in the arrest of an employee or provider in a Department operated or contracted program for the maltreatment of a child active with the Department. Further in the policy, an incident listed located under non-critical reportable events was the allegations of institutional abuse.

Interviews with the Agency Head and Superintendent confirmed their knowledge of the policy and procedure in completing investigations of sexual abuse and sexual harassment. The Superintendent was able to detail the Coordinated Plan which is documented to ensure that allegations of sexual abuse and sexual harassment are investigated as well as reported to both the Agency Head, Superintendent, PREA Coordinator, and PREA Compliance Manager. The NCCDC PREA Investigator was also questioned on the procedures to follow during an investigation of allegations of sexual abuse and sexual harassment, and the PI was able to list the procedures in accordance with the established agency policy for PREA mandates.

In the last 12 months, NCCDC has had 2 unsubstantiated allegations of sexual abuse which both occurred on May 29, 2018. There was an allegation of staff on youth sexual abuse, and the other was youth on youth sexual abuse. Both allegations were reported to Child Abuse Hotline, and neither allegations reached the threshold of criminal investigation. Both cases were investigated administratively by the internal NCCDC PREA Investigator. The 2 unsubstantiated sexual abuse allegations were reviewed by the Incident Review Team.

115.322(b)

DYRS Policy 2.13.IV.D.1.c details the legal authority of the Delaware State Police to conduct criminal investigations at DYRS state operated facilities. Specifically stated for matters which could result in a criminal action, Institutional Abuse will conduct a joint investigation with the Delaware Police Department. The Auditor interviewed a Delaware State Police Representative who confirmed that in allegations of sexual abuse which could result in a criminal action the DSP has the legal authority to conduct the criminal investigations. The legal authority to conduct criminal investigations is cited in the Child Sexual Abuse Protocols. On page 83 of the Child Sexual Abuse Protocol, it is stated that DYRS staff and its contractors must also make an immediate report to the appropriate law enforcement jurisdiction for allegations of sexual abuse involving children in state operated or contracted residential facilities (includes youth on youth and staff on youth). The facility will also document that such referrals have been made.

All material related to the Prison Rape Elimination Act including the established PREA policy, DYRS Policy 2.13 can be located at <https://Kids.delaware.gov/yrs/prea-reports.shtml>.

As stated, all investigations of allegations of sexual abuse and sexual harassment including administrative and criminal investigations are documented on the attachments of DYRS Policy 2.13.

115.322(c)

DSP responsibilities which can be found in 115.322(a) are outlined in the DYRS Policy 2.13IV.D.1.b-h. The entire policy is located on the DSCYF website <https://Kids.delaware.gov/yrs/prea-reports.shtml>.

115.322(d)

The documentation governing the conduct of administrative and criminal investigations of sexual abuse and sexual harassment in DSCYF operated state juvenile facilities is in the Child Sexual Abuse Protocols coupled with the DYRS Policy 2.13.

115.322(e)

An inquiry was made of the Agency Head if there were an existence of a Department of Justice component that was responsible for conducting administrative or criminal investigation of sexual abuse and sexual harassment in DYRS state operated juvenile facilities. The Agency Head stated DSP was the only outside agency responsible for conducting criminal investigations of allegations of sexual abuse and sexual harassment at the DYRS state operated juvenile facilities. Additional online research by Auditor revealed there was no Department of Justice component responsible for investigating allegations of sexual abuse and sexual harassment.

DYRS meets compliance 115.322 policies to ensure referrals of allegations for investigations. DYRS has two policies to address the protocols for criminal and administrative investigations. Attached to DYRS Policy 2.13 are 4 forms utilized to conduct and document investigations. Additionally, the agency's website contains the PREA related policy and the DSP responsibilities.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.331 Employee Training DYRS Policy 2.13 DYRS Policy 2.20 Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults Certificates of Medical Staff and Mental Health Practitioner PREA Training Material Staff Training Records DYRS New Employee Training</p> <p>Interviews Random Staff Medical Practitioner Mental Health Practitioner Agency Training Coordinator Pre-Audit Questionnaire</p> <p>115.335(a) DYRS trains all staff in accordance to DYRS Policy 2.13. In the training clause, all department staff working directly with or monitoring programs/services of youth in secure care and community services must receive PREA training. Training for all staff is reiterated in DYRS Policy 2.20.IV.J. It states that All staff shall receive training on how to communicate effectively and professionally with youth including LGBTQI or gender non-conforming youth. Trainings can be either instructor lead or online. New employee orientation is instructor lead, and refreshers can be either instructor lead or online. At this time the DYRS utilizes the training from the Moss Group, but during the interview with the Agency Training Coordinator, there is a plan to implement the training created by Just Detention International. The training is delivered through PowerPoint Presentation. Detailed in the presentation, there is material referencing the DYRS zero-tolerance for sexual abuse and sexual harassment. Below is the outline of the slides utilized for refresher training and new employee training.</p> <p>DSCYF PREA Training PowerPoint Presentation Includes the following: Subject Matter Slide Numbers Prevention, Detection, Reporting and Response to Policies and Procedures 89-118 Right of Residents to be Free from Sexual Abuse and Sexual Harassment 16-23 Residents and Employees to be Free from Retaliation for Reporting Sexual Abuse and Sexual Harassment Module 2 Dynamics of Sexual Abuse and Sexual Harassment in Juvenile Facilities 24 Common Reactions of Juvenile Victims of Sexual Abuse and Sexual Harassment 56-60 How to Detect and Respond to Signs of Threatened and Actual Sexual Abuse and How to Distinguish Between Consensual Sexual Contact and Sexual Abuse Module 5 How to Avoid Inappropriate Relationship with Residents 76-86</p>

How to Communicate Effectively and Professionally with Residents, Including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents 42-47

How to Comply with Relevant Laws Related to Mandatory Reporting of Sexual Abuse to Outside Authorities Module 2

Relevant Laws Regarding the Applicable Age of Consent Module 2

During interviews with Random Staff, the Auditor found the staff was well versed on all the subject matter included on the information presented in the DSCYF PREA Training PowerPoint.

115.331(b)

NCCDC serves both male and female youth. Staff are cross trained to meet the unique needs and attributes of both genders. All staff are trained on the same material.

115.331(c)

NCCDC provided refresher PREA training. During random staff interviews the Auditor was informed by many staff that they had recently taken a refresher online.

115.331(d) Acknowledgment of participation in training and understanding was completed by staff through electronic verification. Auditor reviewed spreadsheet of participants who completed refresher .

NCCDC meets compliance in Standard 115.331 employee training. Employees who have contact with youth receive PREA training on the agency's zero-tolerance policy for sexual abuse and sexual harassment and all aspects of PREA mandates. All staff receive training to work with both males and females. Employees receive refresher training every two years. Lastly, completion of trainings are documented by electronic verification.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interview Volunteer by telephone Medical Practitioner-Contracted Vendor Guidelines for Contracts Pre-Audit Questionnaire Training Records DYRS Policy 2.13</p> <p>115.332(a) In accordance with DYRS Policy 2.13, all contractors and volunteers are considered staff, and further in the policy, there is a mandate requiring all staff must be PREA trained at orientation with a refresher every two years. According the Pre-Audit Questionnaire, there are medical practitioners contracted through Christiana Care Hospital, and there are volunteers from the community.</p> <p>115.332(b) The Auditor interviewed both a contracted employee and a volunteer. They were interviewed utilizing the established PREA protocols. During the interviews, they were able to explain DYRS zero tolerance of sexual abuse and sexual harassment. Both were knowledgeable of the ways to report incidences of sexual abuse and sexual harassment. Additionally, they were able to explain means to prevent, detect, and respond to sexual abuse and sexual harassment. The medical practitioner further explained the responsibility of being a mandatory reporter.</p> <p>115.332(c) While onsite, the Auditor reviewed the training logs. At the time of submission of the PRE-Audit Questionnaire, there were both volunteers and contractors that needed to complete training. All trainings were completed by the time of the onsite audit.</p> <p>NCCDC has met the standard of 115.332 volunteer and contractor training. The contractor and volunteer both demonstrated proficiency in their knowledge of the agency’s zero tolerance of sexual abuse and sexual harassment. Additionally, they were able to identify how to prevent, detect, report, and respond to sexual abuse and sexual harassment. Lastly, the NCCDC provided signed documentation of both contractors and volunteers participating in PREA mandated training.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policy 2.13 Youth PREA Training Material PREA Brochure Signed Intake Form PREA Orientation Acknowledgement Form Onsite Tour Interview Resident Handbook Random Staff -Intake Staff Random Residents PREA Compliance Manager</p> <p>115.333(a) Cited in DYRS Policy 2.13.IV.A.2.a-b, all youth in secure care shall receive PREA orientation and/or training. The policy unambiguously states that during the intake process, youth shall receive information explaining the zero-tolerance rule regarding sexual abuse and sexual harassment and how to report incidents. Residents are given the PREA brochure at intake. According to the Pre-Audit Questionnaire, there were 500 youth that were admitted and received PREA information at intake. During the onsite audit, the Auditor reviewed the youth training material. From the Auditor's experience as an educator, it was determined the training material was age appropriate and comprehensive.</p> <p>115.333(b) According to the Pre-Audit Questionnaire in the last 12 months, there were 500 youth who received comprehensive PREA training within 10 days of intake. With DYRS Policy 2.13, there is a clause under training that details within 10 days of the intake, the facility is responsible for a comprehensive PREA training to include rights to be free from sexual abuse, sexual harassment, retaliation, response to incidents, definitions associated with policy, available victim services, and the investigation process. According to the PREA Compliance Manager, the comprehensive training is both instructor lead and supplemented with a video. NCCDC Moss Group video. During the review of 10 random active youth folders and 2 inactive random youth folders, the Auditor determined the facility maintained documented copies of signed training forms from completed comprehensive training. Also, the Auditor determined that the resident handbook and PREA brochure contained comprehensive information regarding the prevention, detection, reporting, and victim support information. Both the youth handbook and the PREA brochure was age appropriate.</p> <p>115.333(c) During the onsite audit, there were no residents that needed comprehensive training. All youth were given training. During the random interview of residents, the Auditor inquired about the number of times they had been at NCCDC as well as if they had received PREA training upon return. The youth that had been at NCCDC more than once stated that upon return they are required to do both the intake and comprehensive PREA training. The PREA Compliance</p>

Manager also stated youth transferred from other facilities within DYRS must retrain in both the intake and comprehensive PREA training for NCCDC.

115.333(d)

In order to ensure that all residents have access to all services offered by DSCYF, the agency implemented the language access policy, DSCYF Policy 118. The policy and the vendor list of service providers can provide interpretation and translation services to limited English proficient youth and parents. Also, deaf youth who can only communicate by American Sign Language can be assisted by the service providers. According to random staff responsible for training youth, the option does exist for written PREA training material to be formatted for visually impaired youth. In DYRS Policy 2.13.IV.B.6, addresses the youth with learning disabilities or may have difficulty reading. According to the Education Supervisor, youth with limited reading ability are assisted.

115.333(e)

It was confirmed during the Auditor's review of both 10 active and 2 inactive youth folders that there was documentation maintained by facility of youth completion of intake and comprehensive PREA training.

115.333(f)

During the onsite tour of NCCDC, the Auditor located several locations in which PREA information was readily available to youth, staff, and third-party reporters. Upon entry to the facility, there were PREA brochures available to visitors. Throughout the facility including living units, there were numerous PREA posters. There were PREA handbooks, but they were located specifically in the location of the comprehensive training. It should be noted that the students had recently had a PREA poster contest.

NCCDC has met the standard 115.333 resident education. The facility has proven by interview with intake staff and reviewed signed documentation by youth that PREA training occurs at intake. The brochure provided at intake is age appropriate and written at approximately the fourth-grade level. Comprehensive PREA training occurs within 10 days of intake, and it was further confirmed during the review of both active and inactive youth files. Examination of training material proved that PREA training materials were age appropriate and comprehensive. Youth with prior visits to NCCDC disclosed to Auditor that during each visit to the facility they were given PREA training during intake as well as more comprehensive training within 10 days. During the onsite audit, all youth met compliance in receiving both intake and comprehensive PREA training. NCCDC provides access to PREA training to all residents. There is an established language access policy as well as an existing contract for interpretation and translation services for limited English proficient and American Sign Language. All written items are written at fourth grade reading level, and youth are further given assistance in reading according to the Education Supervisor. For youth with vision impairment, all documents can be enlarged. NCCDC maintains PREA Orientation Acknowledgement Form of completed PREA Training in youth files. Information pertaining to PREA is very accessible throughout the facility. Displayed on the facility's walls are PREA related posters as well as youth created PREA related posters. Also, PREA brochures in both English and Spanish are available at the entryway of the facility. There is also an English and Spanish version of the Resident Handbook.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interview 2 Institutional Abuse Investigators 1 NCCDC Investigator Delaware State Police Investigator Investigator's Certificates Pre-Audit Questionnaire</p> <p>115.334(a) DYRS Policy 2.13 and DYRS Policy 208 are absent the PREA mandate of investigators being trained in conducting sexual abuse investigations in confinement. The two policies list the procedures in conducting a sexual abuse investigation. Though there is no specific policy requiring the mandated PREA training for investigators, all three investigators have received mandated trainings in conducting investigations of sexual abuse in confinement. It should be noted there are 2 Institutional Abuse Investigators and 1 NCCDC PREA Investigator.</p> <p>115.334(b) Reviewing the certificates of completion, the Auditor discovered that the investigators had completed training in the following: Sex Crimes Investigations Safe Crisis Management PREA: Investigating Sexual Abuse in a Confinement Setting</p> <p>During the interviews, all three investigators attested to receiving training in techniques in interviewing juvenile sexual abuse victims, the use of proper Miranda and Garrity warnings, sexual abuse collection in confinement settings, as well as the criteria and evidence required to substantiate an allegation for administrative action or referral for prosecution. The NCCDC investigator was given a scenario of an investigation by the Auditor, and skillfully the investigator was able to navigate through the process using the Child Sexual Abuse Protocols that are based on the PREA mandates.</p> <p>115.334(c) DYRS maintains documentation of the investigator's completion of required training. The PREA Coordinator uploaded copies of the certificates to the Auditor through the Pre-Audit Questionnaire.</p> <p>115.334(d) Discussion by telephone with the Delaware State Police Representative included discussion regarding training that investigators received in conducting sexual abuse investigations in confinement. It was told DSP has ongoing professional development for officers who conduct investigations.</p> <p>Though the PREA mandate for specialized training for investigators does not exist in the submitted policies located in the PRE-Audit Questionnaire, DYRS meets the standard of</p>

115.334 specialized training: investigations. All three of the agency's investigators have taken the required PREA mandated trainings for investigators which includes interviewing juvenile victims, use of Miranda and Garrity warnings, sexual abuse evidence collection, and criteria and evidence to substantiate a case for administrative action or prosecution. Proof of completion was submitted through the PRE-Audit Questionnaire. Dialogue with the DSP assured Auditor that investigators were receiving professional development to conduct sexual abuse investigations at NCCDC.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Certificates of Specialized Training DYRS Policy 2.13 Affirmation with Christiana Care Hospital</p> <p>115.335(a) The medical staff at NCCDC are contracted through Christiana Care Hospital. Under DYRS Policy 2.13.III, staff is defined as any Department employee, volunteer, contractor, or official visitor, or other agency representative. Further in policy, it is stated that all department staff working directly with or monitoring programs/services of youth in secure care and community services must receive PREA training. The training will include, but not be limited to, complaint recipient responsibility, how to report an incident, investigations, and how to access victim services. Disclosed on the Pre-Audit Questionnaire were 10 medical and mental health practitioners who work at NCCDC. At the time of the submission, there was one mental health practitioner that was awaiting training. During the onsite audit, all medical and mental health practitioners had completed PREA training. Training records indicating completion of training was provided to Auditor during onsite audit.</p> <p>115.335(b) The medical staff at NCCDC do not perform forensic medical examinations. According to DYRS Policy 2.13 and the Affirmation with Christiana Care Hospital all forensic medical examinations are to be completed at the Christiana Care Hospital by SANE/SAFE.</p> <p>115.335(c) NCCDC maintains the documentation that medical and mental health practitioners have completed mandated PREA training.</p> <p>115.335(d) All medical and mental health practitioners have received online refresher of the same training that Department employees receive. During the interview with the Mental Health Practitioner and the Medical Practitioner, it was determined the training was the same online training that all Department staff received. The PREA training included prevention, detection, reporting, responding, and victim support.</p> <p>NCCDC has met the standard of 115.335 specialized training: medical and mental health care. At NCCDC, mental health and medical practitioners are considered employees according DYRS Policy 2.3.III. All Department staff are required to complete PREA training as well as a refresher every two years. Review of training documentation during onsite audit confirmed that all mental health and medical practitioners had received PREA training. It was further collaborated with both mental health and medical practitioners that all staff had received training. In accordance with policy, forensic examinations are completed in a hospital setting. NCCDC has an established affirmation with Christiana Care Hospital to conduct forensic examinations.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policy 2.13 Interview Mental Health Practitioner-DPBHS- Division Employees Memorandum of Understanding between the Division of Prevention and Behavioral Health Services and the Division of Youth Rehabilitative Services Completed PREA Risk Assessments Pre-Audit Questionnaire</p> <p>115.341(a) Within DYRS Policy 2.13, youth are to be assessed for the risk of sexual abuse victimization or sexual abusiveness towards other youth. Specifically, its stated that classification or assessment tools will be utilized to determine supervision needs of youth for the protection of victims and those known to be perpetrators. Also, 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.</p> <p>Additionally, the assessment is further detailed in the Memorandum of Understanding between the Division of Prevention and Behavioral Health Services and the Division of Youth Rehabilitative Services. It should be noted the mental health practitioners at NCCDC are interdivision employees from the Division of Prevention and Behavioral Health Services. In section 3 of the memorandum between the 2 divisions, the mental health practitioners shall review. It should be noted that the FOCUS database contains youth's court records, case files, facility behavioral records, and other information relevant to the youth.</p> <ol style="list-style-type: none"> 1. Review available information including information from the FOCUS database for each youth admitted to DYRS facility 2. Meet with admitted youth within 1 business day of admission 3. Utilize information obtained from review and interview to determine youth's risk factors to sexual abuse or victimize. <p>Also, the memorandum requires that screenings should be completed in 1 business day. The PREA standards allow for the screening to occur in 72 hours. After reviewing 12 random completed PREA Risk Assessments, the Auditor determined that the assessments were completed within 1 day of intake. Also, it was determined by the Auditor there is always available mental health and medical practitioner daily to complete assessments. In the prior 12 months, there were 332 youth that were screened at NCCDC for the risk of sexual victimization or the risk of being sexually abusive.</p> <p>The agency requires resident's risk level be reassessed in DYRS Policy 2.13.IV.B.3.a. Cited in policy, placement and programming assignments for each transgender youth, intersex youth, youth assessed as high risk for being victimized or offending or in need of protective housing shall have a review by the facility's assessment team at least twice a month to review any threats to safety experienced by the resident. The practice of assessing youth within 1</p>

business day and reassessing twice a month was further confirmed with the Mental Health and Medical Practitioner.

115.341(b)

NCCDC utilizes the PREA risk assessment as the facility's objective screening instrument. This form assesses the required PREA risk factors which are also listed on the Memorandum of Understanding between the Division of Prevention and Behavioral Health Services and the Division of Youth Rehabilitative Services.

115.341(c)

NCCDC's PREA Assessment Tool identifies the following risk factors:

1. Prior sexual history
2. Age
3. Current sex related charge and sexual offense history
4. Any non-conforming appearance or identification with LGBTQI
5. How does youth identify their gender?
6. How does youth identify their sexual orientation?
7. Age inappropriate level of emotional and cognitive ability
8. Physical size and stature
9. Mental illness or mental disabilities
10. Physical disabilities
11. Resident's own perception of vulnerability
12. History of traumatic experiences
13. Other information about resident that may indicate heightened need for supervision, safety precautions, or separation from certain other residents

NCCDC's assessment contains all 11 criteria set by the PREA standards. The Auditor reviewed 12 PREA Risk Assessments. There were 10 reviewed of active youth files, and the others were of 2 inactive files. Both the Medical and Mental Health Practitioner explained the process of completing the PREA Risk Assessments. Also, they added that all information is confidential, and it is only accesable to the Superintendent and the PREA Compliance Manager (Assistant Superintendent) as a notation on the FOCUS Database. The notation could identify the youth as risk of victimization or risk of being victimized or possibly both. The PREA Compliance Manager confirmed receiving information regarding a youth's risk status, but not the full battery of risk factors.

115.341(d)

All information on the PREA Risk Assessment is ascertained during the screening within the 1st business day. As stated prior, the memorandum requires that mental health practitioner is to review available information when a youth admitted into the facility including information from the database FOCUS. They are to meet with youth within 1 business day. Lastly, they are to utilize information obtained from information review and the interview to identify risk factors.

115.341(e)

The Auditor had an opportunity to view the information that was disseminated through FOCUS to the Superintendent and the PREA Compliance Manager (Assistant Superintendent). No other staff member has access to this information through the database. The information was

very limited in scope, and it only identified if a youth was at risk for sexual victimization or at risk of being a perpetrator of sexual abuse or both. No other risk factors were disclosed.

NCCDC meets the standard of 115.341 obtaining information from residents. DYRS has demonstrated that there is a policy and memorandum of understanding that requires the screening of youth's risk of being a sexual abuse victim or perpetrator of sexual abuse. NCCDC meets the time frame of providing screening services within 1 business day. PREA mandates require the screening is done within 72 hours. Also, the policy states that a resident identified with risk for victimization or perpetrator should be reassessed twice a month. Both the 1 business day and screenings were confirmed with mental health practitioner. The PREA Risk Assessment is administered within 1 business day, and the tool that is utilized is objective, and it meets all 11 criteria set by the PREA standards. Youth are interviewed by mental health practitioner in order to obtain information to complete risk assessment. Also, information is gathered from the FOCUS database which has a detail history of the youth. With the use of FOCUS, the mental health practitioners can provide the outcome of the risk assessment without disseminating risk factors to other staff. The only notation given to the Superintendent and the PREA Compliance Manager (Assistant Superintendent) is the risk assessment outcome of risk for sexual abuse victimization or risk of perpetrator of sexual abuse or both.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Risk Assessment DYRS Policy 2.13 DYRS Policy 2.20 Memorandum of Understanding between the Division of Prevention and Behavioral Health Services and the Division of Youth Rehabilitative Services Review of Housing Placement of LGBTQI Youth Interviewed Onsite Tour Interviews Mental Health Practitioner Superintendent Assistant Superintendent (PREA Compliance Manager)</p> <p>115.342(a) Once the PREA Risk Assessment is completed, limited information is submitted through the FOCUS database to the Superintendent and the Assistant Superintendent (PREA Compliance Manager). According to the Assistant Superintendent, the information from FOCUS is in fact utilized for decisions regarding housing, education, and program assignments. The practice of notating on FOCUS was further confirmed during the interview by the Mental Health Practitioner, Superintendent, and Assistant Superintendent. Additionally, the practice is cited in DYRS Policy 2.13.IV.B.2-3. Specifically, the policy states Classification or assessment tools will be utilized to determine supervision needs of youth for the protection of victims and those known to be perpetrators. This form of protective supervision includes housing decisions, movement throughout the facility, all routine and non-routine activities. Additionally, DYRS Policy 2.20.IV.E.1 states DYRS shall use all information obtained in intake and referral documentation and 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 assaults.</p> <p>115.342(b) DYRS Policy IV.E.1.c addresses the concern of isolation of resident as a last resort when less restrictive measures are inadequate to keep them and other youth safe. The Auditors concern is the verbiage is absent that all residents can be placed in isolation, but specifically identifies youth who are LGBTQI. Within the policy, DYRS staff shall not deny youth daily large muscle exercise and any legally required educational programming or special education services. Also, youth in isolation shall receive daily visits from medical and mental health practitioners. According to the Pre-Audit Questionnaire, there were no residents placed in isolation due to concerns of sexual victimization. In the last 12 months, there were no youth denied large muscle exercise, legally required educations, or special education.</p> <p>The Superintendent explained during the interview there was no isolation in the facility. The NCCDC utilizes Administrative Intervention (AI) when there are safety concerns like behavior. During onsite tour, the Auditor witnessed 2 youth located in cell while other youth were in</p>

activity area. The Auditor interviewed one of the students placed on AI, and he stated that he was placed on AI for fighting. He also stated he was visited by the mental health practitioner and the medical practitioner. During the onsite audit, there was no school. During the onsite audit, the Auditor reviewed program logs and was able to locate notations that youth had received visits by medical and mental health practitioners.

Inquiry was made by the Auditor to both the mental health and medical practitioner regarding youth being placed in isolation based on risk of being sexually victimized. Both stated they did not recall any scenarios in the last 12 months that a youth was isolated due to concerns of sexual victimization.

115.342(c)

Auditor interviewed a youth that self-identified as well as PREA Risk Assessment identified as LGBTQTI. The youth had been to NCCDC on several separate occasions. The youth was asked during each detainment did the housing unit change or was it the same. The Auditor was told that the housing unit had changed during each detainment. According to PREA Compliance Manager residents that identified as LGBTQTI are not placed in a housing unit, bed, or other assignments based solely on identification or status. DYRS Policy 2.20.IV.E.1.d. states LGBTQTI youth shall not be placed in particular housing, bed, or other assignments based solely on the basis of such identification or status, nor shall DYRS consider LGBTQTI identification or status as an indicator of likelihood of being sexually abusive.

115.342(d)

According to DYRS Policy 2.20.IV.E.1.e. and interviews with the Superintendent and PREA Compliance Manager, NCCDC decisions regarding housing and programming assignments of transgender or intersex youth are considered on a case by case basis. Considerations taken by administration are based on health and safety of youth and the management and security of facility. At the time of the onsite audit there were no youth that were self-identified or through PREA Risk Assessment identified as intersex or transgender youth.

115.342(e)

According to the DYRS Policy 2.20.IV.E.1.f., placement and programming assignments for transgender and intersex youth shall be reassessed by the interdisciplinary team at least twice each year to review any threats to safety experienced by youth. During the interview with the mental health practitioner, the database FOCUS has the ability to alert the mental health practitioner.

115.342(f)

Further in DYRS Policy 2.20.IV.E.1.e., it is stated a transgender or intersex youth's views with respect to his/her own safety shall be given serious consideration. NCCDC's Superintendent stated that consideration is given to any youth's views of his/her own safety. There were no transgender or intersex youth detained at the time of the onsite audit.

115.342(g)

During the onsite tour of NCCDC, the Auditor inspected the showers and the bathrooms to determine the level of privacy. All housing units are designed to provide all youth an opportunity to shower and use the bathroom separately from other youth. Specifically, in DYRS Policy 2.20.IV.F. transgender and intersex youth shall be given the opportunity to

shower and use the bathroom separately from other youth. PREA Compliance Manager attested to that information.

115.342(h)

There is a provision within DYRS Policy 2.20.IV.E.1.h. that allows for a youth to be isolated only as a last resort when less restrictive measures are inadequate to keep them and other youth safe, but NCCDC would be required to provide documentation of the facility's concern for the youth's safety and the reason there is no alternative means of separation can be arranged. During the interview with random staff, there were no incidents that could be recalled which occurred within the last 12 months.

115.342(i)

According to DYRS Policy 2.20.IV.E1.i, youth who are placed in isolation as a last resort are to be afforded the opportunity to have a review every 30 days to determine whether there is a continued need for separation from the general population. According to the Superintendent and the PREA Compliance Manager, there has been no residents who have been placed in isolation due to being at risk of sexual abuse or sexual victimization in the last 12 months.

NCCDC meets compliance in 115.342 placement of residents. The facility utilizes a risk assessment tool to place youth accordingly. As a last resort, youth can only be placed in insolation if there were an instance of imminent risk of sexual abuse. Youth that are identified as LGBTQTI are not placed on the sole basis of such identification.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews Random Staff Random Residents DYRS Policy 2.13 Reportable Events PREA Training Materials for Staff PREA Training Materials for Youth Title 10 Pre-Audit Questionnaire</p> <p>115.351(a) DYRS has demonstrated efforts in providing opportunities for youth to report incidents of sexual abuse, sexual harassment, retaliation, as well as staff dereliction of duties while being detained at NCCDC. Resident reporting procedures are published in policy. Cited in DYRS Policy 2.13.IV.C.2.b-c, youth in state managed programs can report any sexual contact between youth or, a staff member and a youth to any staff or the Child Abuse Hotline. The Child Abuse Hotline will also serve as the designated 24 hour, 7 days a week resource for youth to report abuse while a resident of the program. Each facility will develop procedures that define multiple ways for youth to privately report sexual abuse, sexual harassment and/or retaliation by other youth. The specific procedures listed were confidential phone access and emergency PREA grievance. Random staff were able to identify that youth could report sexual abuse, sexual harassment, and retaliation by either reporting to staff or utilizing the Child Abuse Hotline. In incidents of sexual abuse, sexual harassment, or retaliation random residents stated youth could make a report to parents, staff, PREA grievance, and the Child Abuse Hotline. During the tour of the facility, the Auditor noticed there were telephones accessible to residents which listed the procedure to contact the Child Abuse Hotline. Also, the Auditor saw the red PREA grievance forms and utensils to complete forms. There was also a grievance box available on each housing unit.</p> <p>115.351(b) DSCYF is the parent agency of DYRS. DSYF is the child welfare agency for the state of Delaware, and it operates and manages the Child Abuse Hotline. When a youth reports an incident of sexual abuse, sexual harassment, and retaliation to the Child Abuse Hotline, the report would be made outside of DYRS, but within DSCYF. DYRS does not detain youth for the sole purpose of civil immigration. Title 10.1007 lists the reasons that a youth can be detained, and there is no clause that allows for youth to be detained at DYRS operated facilities for the purpose of civil immigration.</p> <p>115.351(c) Found in DYRS Policy 2.13.IV.C.1.a-b. is a clause that specifically states the requirement of mandatory reporters. According to the policy, all staff are required to report allegations and instances of non-consensual sexual acts, abusive sexual contact, and sexual harassment to the Child Abuse Hotline. Failure to report any sexually related incident will result in disciplinary</p>

action up to and including termination and/or criminal prosecution. Further, the requirement for staff to provide written documentation of incidents of sexual abuse, sexual harassment, and retaliation is cited in DYRS Policy 2.12.III.B.3.a-b. The policy requires both critical and non-critical incidents of reportable events shall be documented in writing within 24 hours of incident. It should be noted that incidents of sexual abuse, sexual harassment, and retaliation fall in both critical and non-critical incidents. The policy outlines the following processes in handling both types of incidents. Written documentation of the incident should be completed by the supervisor on duty. Once the written documentation is completed, it is to be submitted to the facility administrator. The document shall be reviewed by the administrator, and then forwarded to the director's office within 24 hours of DYRS first learning of the incident.

115.351(d)

During the tour of the facility, the Auditor located grievance boxes. During the informal conversation with residents and PREA Compliance Manager, the Auditor was explained the process of the PREA Grievance Form. The form is on red paper, and easily accessible to youth along with a writing utensil. It was explained by youth if they were a victim of sexual abuse or sexual harassment or a witness to it, they could complete a form and submit it to staff member or place it in the grievance boxes located on every housing unit. According to the PREA Compliance Manager, the PREA Grievance Forms are not a part of the grievance process, but it is the written reporting mechanism for youth. The form is not a grievance, so it does not follow the grievance process, it is immediately handled, and staff and youth are to report incident immediately on the Child Abuse Hotline. According to the Pre-Audit Questionnaire attached documents, reporting methods are provided to youth during the comprehensive orientation, student handbook, and PREA brochure.

115.351(e)

DYRS staff reported to Auditor that there are several means in which they can report confidential incidents of sexual abuse, sexual harassment, retaliation, and staff dereliction of duties. All staff reported utilizing the Child Abuse Hotline and reporting directly to supervisor. Only 1 staff member mentioned utilizing the online portal on the agency's website to confidentially report incidents of sexual abuse, sexual harassment, retaliation, and staff dereliction of duties. The procedures for reporting incidents are located in DYRS Policy 2.13.IV.C.2.d and in PREA training materials provided during orientation and every 2 year refreshers.

It is evident that DYRS has meet compliance in 115.351 resident reporting. DYRS has established internal opportunities for youth and staff to report sexual abuse, sexual harassment, retaliation by either another youth or staff, and dereliction of duties or violation of responsibilities that may have contributed to incidents. Youth can report incidents by either the Child Abuse Hotline, staff, or PREA Grievance Forms. Youth are provided an opportunity to report outside of NCCDC to the Child Abuse Hotline operated by DSCYF. In the case of staff, reports can be made confidentially through the Child Abuse Hotline, DSCYF's website, and supervisors. Within the DYRS Policy 2.13, staff is required to provide written documentation of all incidents of sexual abuse, sexual harassment, retaliation, and dereliction of duties associated with incidents.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Emergency PREA Grievance Form</p> <p>115.352(a) NCCDC does not have an administrative procedure to address resident grievances for sexual abuse, sexual harassment, retaliation, or staff dereliction of duties that may have caused an incident. All incidents are reported to the Child Abuse Hotline. Youth are provided an Emergency PREA Grievance. This form is only utilized to give youth a written opportunity to confidentially report. The form is immediately given to staff and called into the Child Abuse Hotline. It is not processed through an administrative grievance procedure. The standard does not apply to NCCDC.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews Superintendent PREA Compliance Manager Random Residents Random Staff NCCDC Safety Guide (Referred by youth as PREA Brochure) DYRS Policy 2.13 Memorandum of Agreement between DYRS and SOARS DYRS Policy 5.24</p> <p>115.353(a) NCCDC Safety Guide referred to by youth as the PREA Brochure contains the list of victim support groups that provide support services related to sexual abuse. The Auditor found on the last page of the brochure the names of agencies as well as all related contact information. DYRS states in policy that in addition to or in place of the counseling services provided in the facility, all youth shall be made aware of community agencies, addresses and contact numbers of mental and health practitioners that provide emotional support services related to sexual abuse. Additionally, the DYRS has a memorandum of agreement with SOARS for victim support services. There is no information provided for immigrant services, because Title 10:1007 prohibits the detainment of youth for the sole purpose of civil immigrations. During the interview with random youth, it was shared with the Auditor that they were aware of outside support services, but the youth rarely remembered name of the agencies. A few of the youth knew where to locate the information in the PREA brochure. Youth expressed that they felt that the counseling services would be private and confidential within limits. Additionally, the PREA Compliance Manager showed the Auditor the location for all outside interviews by attorneys and outside agencies. At the time of the onsite audit, there were no youth detained at NCCDC that represented the target population of youth who experienced sexual abuse in the facility.</p> <p>115.353(b) There is a clause located on the back page of the NCCDC Safety Guide which states information concerning the identity of a victim reporting sexual assault, harassment, or abuse, and the facts of the report itself, shall be limited to those who have a need to know in order to make decisions concerning the victims welfare and for law enforcement. During interview, youth recalled during the PREA comprehensive training that confidentiality is limited due to mandatory reporting laws in Delaware.</p> <p>115.353(c) According to the Executive Director of SOARS, A Memorandum of Agreement Between the Division of Youth Rehabilitative Services and Survivors of Abuse in Recovery, Inc. has been</p>

established since the last PREA audit in 2016. A renewal of the agreement between the agencies was made in March of 2019.

115.353(d)

Interviews with both random staff and random youth at NCCDC revealed that youth are given visitation with guardians, agencies, and attorneys. The purpose of DYRS Policy 5.24 is to promote family engagement and recognizes the need and right for youth to maintain contact with persons outside the facility by correspondence, telephone or visitation and asserts that he/she may do so with a reasonable degree of privacy. Throughout, the policy details the way visitation, correspondence, and telephone calls are handled. Youth are guaranteed that legal correspondence is never opened by staff, and they have unlimited access to attorney at any reasonable time. Incoming and outgoing mail is not read unless there is clear evidence that justifies action, but it must be opened and read in front of youth. Youth may make local calls and collect calls to guardians. The policy also references the Resident Handbook which contains the youth visitation schedule, identification required, the number of visitors, and regulation of special visits. Further, the Auditor queried the Superintendent of the means that resident have access to guardians and attorneys. It was explained that youth are given visitation on a weekly basis, and special visits can be accommodated, if necessary. Also, it was detailed that residents have unlimited access to Attorneys. The PREA Compliance Manager corroborated the information obtained from Superintendent regarding access to guardians and attorneys. Statements from both the Superintendent and the PREA Compliance Manager was aligned with DYRS Policy 5.24.

For the standard 115.353, NCCDC meets compliance in resident access to outside confidential support services and legal representation. Youth have access to outside victim support advocates and services. Additionally, youth are provided names of victim support services and advocacy contact information and addresses on the NCCDC Safety Guide. Also, located on the NCCDC Safety Guide is information regarding confidentiality when accessing victim support services. DYRS has a longstanding memorandum of agreement with SOARS to provide victim support service. To ensure engagement by both guardians and attorneys DYRS has a policy that addresses the access to correspondence, telephone calls, and visitation by youth with a degree of privacy.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policy 2.13 https://kids.delaware.gov/yrs/prea.shtml Interviews Random Staff Random Youth Superintendent Pre-Audit Questionnaire</p> <p>115.354 Absent within DYRS Policy is the specifics on the ways that a third party could report incidences of sexual abuse, sexual harassment, retaliation, and staff dereliction of duties that may cause an incident. Basically, it refers to staff reporting all allegations of Child Abuse to the Child Abuse Hotline. In the completed Pre-Audit Questionnaire, the PREA Coordinator cited that third party reporting can be located at https://kids.delaware.gov/yrs/prea.shtml. At the top of webpage under Prison Rape Elimination Act, there is a large textbox stating, 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. If a third party selected the link on the bottom of the page titled child abuse, the party can submit an online report of incidents. When an inquiry was made of the detained youth of how their guardians or attorneys would make a report of sexual abuse and sexual harassment, the youth responded Child Abuse Hotline. The Superintendent stated in the case of all reports from a third party, it is to be immediately reported to the Child Abuse Hotline, and staff is to follow same protocols of completing critical or non-critical incident reports.</p> <p>NCCDC demonstrates meeting compliance in 115.354 third-party reporting. The facility has a protocol of all reports of sexual abuse, sexual harassment, retaliation, and staff dereliction of duties that may cause an incident to be reported to the Child Abuse Hotline. Once reported, the allegations will be processed in accordance with protocols established for critical and non-critical incidents. DYRS has distributed publicly information on how to report incidents of sexual abuse and sexual harassment on behalf of a resident on the agency's website.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews Random Staff Medical Health Practitioner Mental Health Practitioner PREA Compliance Manager Superintendent DYRS Policy 2.13 DYRS Policy 2.2 Critical Incident Report Non-Critical Incident Report Pre-Audit Questionnaire</p> <p>115.361(a) DYRS details mandatory reporting in the agency policy. Specifically, in DYRS Policy 2.13.IV.C.1.a, 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. Instances of retaliation against either staff or youth is addressed in two policies. Cited in DYRS Policy 2.2.IV.A.21, each employee must report, without reservation, any corrupt or unethical behavior which could affect either a juvenile or the integrity of the organization. DYRS Policy 2.13.2.f states retaliation from youth or staff will result in disciplinary action and be subject to the full progression of sanctions and/or referral for criminal prosecution. For instances of staff's dereliction of duties that may have been a contributing factor to sexual abuse, DYRS Policy 2.13.C.2.d. states each facility will also develop procedures for how staff can report sexual abuse, harassment and staff neglect or violation of responsibilities that may have contributed to any of these incidents. According to all random staff interviewed, they are required by DYRS to report to the Child Abuse Hotline all instances of sexual abuse, sexual harassment, retaliation, and staff's dereliction of duties that may have been a contributing factor.</p> <p>115.261(b) NCCDC staff is required to follow mandatory reporting laws. Within DYRS Policy 2.13.IV.C.1.a, 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. Random staff was knowledgeable of the agency's zero-tolerance policy on sexual abuse and sexual harassment. Staff were able to recall information about preventing, detecting, reporting instances of sexual abuse and sexual harassment. Also, they were able to detail the responsibilities as a first responder to sexual abuse and sexual harassment. The staff was cognizant of the dynamics and reactions of sexual abuse and sexual harassment. The staff explained how to avoid inappropriate relationships with youth. The Auditor was told by staff that they had received training in how to communicate effectively and professionally with youth that identified as LGBTQI as well as youth that were gender non-conforming.</p>

115.361(c)

According to staff, DYRS requires staff to maintain confidentiality regarding sexual abuse and sexual harassment, and information pertaining to instances dissemination is limited. Outlined in DYRS Policy 2.2.IV.A.23, employees must maintain the integrity of confidential information. Employees will not seek personal data beyond that needed to perform job responsibilities and will not reveal case information to anyone not having proper professional use.

115.361(d)

Both the Mental Health and the Medical Practitioner disclosed to the Auditor that they inform youth of their duty to report, as well as there are limitations to confidentiality. There were examples given by the practitioners to the Auditor of instances in which they would be required to report. Additionally, the practitioners recalled the training they received by DYRS on how to detect, respond, and report allegations of sexual abuse and sexual harassment. In DYRS Policy 2.2, it stated that employees must be diligent in their responsibility to record and make available for review any and all case information which could contribute to sound decisions affecting a juvenile and public safety. Indicated prior, DYRS Policy 2.13 requires all staff to report instances of sexual abuse to the Child Abuse Hotline.

115.361(e)

According to the Superintendent, instances of sexual abuse or sexual harassment are to be immediately reported to the Child Abuse Hotline. If a youth is under the child welfare system, the caseworker must be contacted regarding the allegations. If a child is not a part of the child welfare system, the guardian can be contacted and the representing attorney.

115.361(f)

Prior to beginning an investigation of sexual abuse and sexual harassment at NCCDC, the allegations must be first reported to the Child Abuse Hotline. At that point, Institutional Abuse Unit (IA) is contacted, and the facility's designated PREA Investigator and AI will work jointly in investigating the allegation. If it is determined by IA that the incident is of a criminal nature, IA will conduct the investigation with the Delaware State Police (DSP). According to the Superintendent, there have been no allegations from other facilities.

DYRS meets the standard of 115.361 in the staff and agency reporting duties. In DYRS policy staff is required to report allegations of sexual abuse, sexual harassment, retaliation, and staff dereliction of duties that may have contributed to allegations. Also, in DYRS policy, staff is required to comply to mandatory reporting laws. Also, staff is prohibited by policy of revealing information pertaining to allegations of sexual abuse. Information disseminated only for professional use. Both medical and mental health professionals also are required to report all allegations of sexual abuse and sexual harassment. Additionally, the practitioners inform residents that there are limitations to confidentiality, and the practitioners have a duty to report. Lastly, the Superintendent contacts caseworkers of youth that are under the supervision of the child welfare agency (DSCYF), and in the case of youth not under the supervision of child welfare, the Superintendent informs guardians and the youth's attorney.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policy 2.13 Coordinated Response Scenarios Pre-Audit Questionnaire Interviews Agency Head Superintendent Random Staff</p> <p>115.362(a) When NCCDC learns of a youth being of substantial risk of imminent sexual abuse, the facility has prepared to respond by utilizing the Coordinated Response Scenarios. There are three scenarios which outline the steps to be taken in the case of an incident of sexual abuse and sexual harassment. According to the Superintendent, administration and staff have been trained utilizing the Coordinated Response Scenarios. Additionally, the Superintendent mapped out the steps to secure youth. Youth would be immediately placed in protective custody with an assigned designated staff. Following the youth would be assessed by mental and medical health practitioners. Lastly, there will be a meeting to discuss programming, housing, and if necessary, relocation to another DYRS facility. According to Pre-Audit Questionnaire and Superintendent, there were no instances of a youth being in substantial risk of imminent sexual abuse. According to random staff, they were trained to respond immediately upon learning a youth is in substantial risk of imminent sexual abuse, and the youth should be separated with a staff member. Once youth is secured, they are to contact supervisor. The Agency Head of DYRS stated in the event of a youth being in imminent risk of sexual abuse, it expected that staff respond immediately by removing youth into protective custody. Lastly, DYRS Policy 2.13.IV.C.2.e establishes if a youth fears for his/her safety in their current setting, he/she can request a temporary transfer to another location either housing unit or cluster. For a pre adjudication facility like NCCDC, the Superintendent can transfer the youth to Stevenson House Detention Center if they feel that a youth's safety is in jeopardy.</p> <p>NCCDC demonstrated meeting the standard in 115.362 agency protection duties. DYRS has developed a Coordinated Response Scenarios that is a graphic organizer of the process and procedures that should be taken in the event of a substantial risk of sexual abuse or allegations of sexual abuse and sexual harassment. All staff including the Agency Head to random staff that were interviewed expressed that they are to respond to imminent risk of sexual abuse immediately. Additionally, DYRS 2.13 addresses the youth's fear for his/her safety, and the procedures and options that are available to the Superintendent in handling instances of imminent risk of sexual abuse.</p>

115.363	Reporting to other confinement facilities
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 564 528">DYRS Policy 2.13 Pre-Audit Questionnaire Interviews Agency Head Superintendent</p> <p data-bbox="252 584 395 618">115.363(a) In review of the information reported on the Pre-Audit Questionnaire, there were no reports of allegations of sexual abuse while a youth was confined at another facility. The Auditor asked the Superintendent to outline the response if this type of allegation occurred. The Superintendent referenced the DYRS Policy 2.13.IV.C.3 which requires the Superintendent to notify the facility administrator/agency and the investigative bodies where the incident allegedly occurred. The Agency Head stated in the instance of a report of sexual abuse occurring in another confinement facility the Superintendent is to notify the administrator of the facility where the alleged abuse happened and the investigative agencies in the jurisdiction. Specifically cited in DYRS Policy 2.13.IV.3 the facility administrator is to contact the administrator or agency office of the alleged incident.</p> <p data-bbox="252 1099 395 1133">115.363(b) According to DYRS Policy 2.13.IV.3, the notification of alleged sexual abuse shall be provided as soon as possible but no later than 72 hours after learning of alleged incident.</p> <p data-bbox="252 1267 395 1301">115.363(c) Additionally, DYRS requires in DYRS Policy 2.13.IV.3 the reporting facility administrator shall document the notification to both the agency administrator and the investigative agency of alleged incident. The notification must show both the YRS Director and the YRS PREA Coordinator have been copied on notification. Both the Agency Head and the Superintendent collaborated with the DYRS policy.</p> <p data-bbox="252 1570 395 1603">115.363(d) NCCDC has not experienced an incident whereas by an allegation of sexual abuse occurring at another confinement facility was reported to the facility. There is no evidence for the Auditor to check if the facility head or agency office that receives the notification ensures that the allegation is investigated in accordance with the above standards.</p> <p data-bbox="252 1827 1461 2074">For the standard of 115.364 reporting to other confinement facilities, NCCDC meets compliance. The facility has not experienced a report of a youth being sexually abused at another confinement facility. It is evident based on the responses given by the Agency Head and Superintendent; they comprehend the procedures and responsibilities required by the DYRS and PREA mandates. Additionally, the DYRS policy governing the handling of this type of allegation of sexual abuse is in alignment with the PREA standards.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Coordinated Response Scenarios First Responder Checklist Pre-Audit Questionnaire Staff PREA Training Material Non-Critical Incident Report Interviews Random Staff (First Responder) NCCDC PREA Investigator</p> <p>115.364(a) DYRS does not have a first responder policy, but the PREA Coordinator listed on the Pre-Audit Questionnaire the Coordinated Response Scenario, First Responder Checklist and PREA Training Materials as a replacement for a policy addressing first responder responsibilities. In the past 12 months, there were 2 allegations of sexual abuse.</p> <p>There was one allegation of staff on youth sexual abuse, and there was one allegation of youth on youth sexual abuse. According to copy of the Non-Critical Incident Report for the staff on youth allegation, the documentation infers that alleged victim and perpetrator were separated immediately. In the allegation of youth on youth, it does not relay from documentation that the youth were separated or at what juncture they were separated. According to documentation, the sexual abuse and sexual harassment occurred in the morning and the sexual harassment occurred in the afternoon. The report does not detail when youth reported incident. It appears the YRC report of allegations was not made to the YRC Supervisor until 3:30 p.m. The report was unclear of when the youth reported allegations.</p> <p>According to the Non-Critical Incident Reports, footage was collected for both allegations, and forensic examinations by SANE/SAFE was not deemed necessary. Ascertained from both Non-Critical Incident Reports, there would have been time to obtain physical evidence.</p> <p>In both cases, the victims and abusers of the alleged sexual abuse was no longer detained or employed at NCCDC. At the time of the onsite audit, there were no youth that were identified in the target group of youth who reported sexual abuse for the Auditor to access the youth perspective of the first responders.</p> <p>At NCCDC, all staff working directly with youth are potentially a first responder. All staff is trained on the responsibility of being a first responder of sexual abuse and sexual harassment. Staff are trained utilizing the Coordinated Response Scenarios, First Responder Checklist, and the Staff PREA Training. In the Coordinated Response Scenarios, there are 2 scenarios that are specific to secure care. Scenario #2 details that supervisor receives emergency PREA grievance of a staff on youth sexual abuse allegation. The supervisor removes staff member from unit and directs that crime scene be secured. Supervisor proceeds to call Child Abuse Hotline. In Scenario #3, line staff receives report of a youth on youth sexual abuse allegation. Staff separates youth, and alleged victim and alleged perpetrator placed on 1 on 1</p>

supervision. Youth are prohibited from washing. The scene of the incident was secured, and staff notified supervisor.

Interviews of random staff are knowledgeable of their first responder duties of

1. Separating victim and abuser
2. Do not allow victim and abuser take any actions that would destroy physical evidence
3. Secure scene

115.364(b)

DYRS does not have a policy that addresses first responder duties for staff members that are not custody staff, but this subject is addressed in the Staff PREA Training that is given for NCCDC staff which includes contractors and vendors. On page 100 Module 6 of the PREA Training, there are 4 key duties that are highlighted that include respond to victim; report to proper authorities which include Child Abuse Hotline/YRS administration and lastly refer victim to medical, mental health, and classification. Further, the training includes crime scene reporting of incident, secure crime scene, investigative process, and report in writing. It should be noted that custody staff supervises youth during appointments and activities with medical practitioners, mental health practitioners, contractors, and volunteers.

The two allegations of sexual abuse that occurred in the last 12 months were not responded to by a non-security staff. Random staff could easily recall their responsibilities as a first responder. In detail, the Auditor was told they would first separate victim and abuser followed by securing the scene to preserve evidence. Victim and abuser would be prohibited from doing anything that could destroy evidence and they would be supervised one on one by a staff. The staff would report to immediate supervisor and call the Child Abuse Hotline.

From review of the two Non-Critical Incident Reports of allegations of sexual abuse, it appears that staff had followed the established protocols.

DYRS has demonstrated meeting compliance in the standard of 115.364 staff first responder duties. DYRS does not have a first responder policy. Though the policy is non-existent, DYRS has 3 established documents. The documents detail the steps that should be taken in the instances of sexual abuse and sexual harassment. The Coordinated Response Scenarios is a graphic organizer of the steps taken in various situations. In the secure care scenarios staff is responding according to the PREA mandates. There is also a First Responder Checklist which list the responsibilities in a clear and simplistic manner. Lastly, the Staff PREA Training is comprehensive in the details of each of the first responder's responsibilities. Additionally, the training material also reiterates the responsibility of those that are not security staff.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Coordinated Response Scenarios NCCDC Coordinated Response Scenarios First Responder Checklist Interview Superintendent</p> <p>115.365(a) The DYRS has developed an agency wide institutional plan which is entitled the Coordinated Response Scenarios. The plan outlines the responses by first responders, medical and mental health practitioners, investigators, facility leadership and agency leadership. The plan is not specific to NCCDC, and the PREA standards require that the plan is specific to the facility. Additionally, DYRS has also developed a First Responder Checklist that is also agency wide. It is a simplistic checklist of the first responders' responsibilities. The Auditor asked the Superintendent to detail the facility's plan to coordinate actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Auditor concluded from the Superintendent's response that it was based on the agency wide institutional plan. The plan discussed Institutional Abuse Investigators, but the specifics of the role of the NCCDC Investigator was not disclosed.</p> <p>During the corrective action period, NCCDC met compliance by developing a institutional plan that was specifically for the facility. During the onsite audit, NCCDC did not meet compliance in the coordinated response plan. The institutional plan that was initially submitted through the Pre-Audit Questionnaire was utilized agency wide. It was not specific to NCCDC.</p> <p>Corrective Action 115.365-Completed by NCCDC within the 180 day corrective action period.</p> <p>PREA Standard 115.365 requires that an agency has a specific coordinated response plan for each facility. With the assistance of the PREA Coordinator, PREA Compliance Manager, and the NCCDC PREA Investigator, NCCDC will create an institutional response plan specific to NCCDC. This plan will be made available to the Auditor within 60 days of the Interim Report. Additionally, evidence of the planning process will be discussed with the Auditor.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>State of Delaware, Bargaining Unit 11 7.1.17-6.30.19 with addendum 7.1.2018 Interview Superintendent</p> <p>115.366(a) DYRS has maintained into a collective bargaining agreement since the last PREA Audit with Merit Employee Compensation Unit 11 Bargaining Coalition-The American Federation of State, County, and Municipal Employees, AFL-CIO, Council 81 Local 247 and Local 3384 (July 1, 2017-June 30, 2019) with Addendum (July 1, 2018-June 30, 2019). According to Agency Head, there are no collective bargaining agreements that limit DYRS ability to remove an employee for alleged sexual abuse from contact with youth pending the outcome of an investigation or impede the extent discipline is warranted in instances of sexual abuse.</p> <p>115.366(b) Within Unit 11 Bargaining Coalition-The American Federation of State, County, and Municipal Employees, AFL-CIO, Council 81 Local 247 and Local 3384, there are two clauses cited that does not limit DYRS from suspending individuals that are alleged of sexual abuse until the outcome of the investigation, as well as dismissing individuals with substantiated allegations of sexual abuse.</p> <p>7.7 If the employee appeals such suspension or dismissal, the suspension or dismissal shall be delayed pending the State’s determination. If it is determined that the employee’s continued presence on the job presents a potential danger to persons or property, or would severely interfere with the operations, said delay will be voided.</p> <p>22.8 When an employees continued presence on the job poses a threat to the safety or security of staff, inmates, the public or operations, they may be suspended immediately with or without pay pending completion of an investigation and the issuance of a notice letter.</p> <p>DYRS meets compliance for the standard of 115.366 preservation of ability to protect residents from contact with abusers. DYRS is not limited by collective bargaining agreement from suspending individuals with alleged sexual abuse allegations. Additionally, DYRS is not limited to terminating employment of an individual that has substantiated allegations of sexual abuse.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policy 2.13 Pre-Audit Questionnaire Interview Agency Head Superintendent NCCDC PREA Investigator Monitoring Plan</p> <p>155.367(a) DYRS Policy 2.13IV.C.2.f addresses retaliation of residents and staff who report allegations of sexual abuse and sexual harassment or cooperate with sexual abuse or sexual harassment. The clause states that retaliation from youth or staff will result in disciplinary action and subject to the full progression of sanctions and/or referral for criminal prosecution. The facility does not have designated staff that monitors retaliation. Cited in the Pre-Audit Questionnaire it is stated that all staff should be monitoring for retaliation. The PREA standards require that the facility shall have designated staff or department to monitor for retaliation.</p> <p>115.367(b) Auditor questioned the measures taken when there is suspected retaliation. The Agency Head and the Superintendent stated that in the case of retaliation due to the report of sexual abuse or sexual harassment, changing housing or employment location would be a consideration for either the victim or the perpetrator of retaliation. If a youth needs to be relocated, DYRS operates Stevenson House Detention Center located in Milford, Delaware. In the case of a staff member needing to be relocated, there are several juvenile facilities operated by DYRS on the same campus as NCCDC. DYRS Policy 2.13 provides a provision for referral for criminal prosecution that could result in termination of employment.</p> <p>115.367(c) There is no evidence in policy of 90-day monitoring after a substantiated or founded allegation of sexual abuse and sexual harassment. The youth on youth allegation was unsubstantiated, and the victim was released from the facility the same day. The staff on youth allegation was unsubstantiated, the staff was suspended until the investigation was complete, and upon return to work, the staff did not work with the alleged victim. In conversation with the NCCDC PREA Investigator, it was stated there were no instances of retaliation associated with the report of sexual abuse and sexual harassment at NCCDC in the past 12 months.</p> <p>115.367(d) There is no evidence in policy that requires periodic status checks of youth that have experienced retaliation from a report of sexual abuse or sexual harassment. Youth at NCCDC are afforded regular appointments with the mental health practitioners. During corrective action period, a plan was developed that implemented periodic status checks.</p> <p>115.367(e)</p>

As stated prior in the standard, DYRS Policy 2.13IV.C.2.f retaliation from youth or staff will result in disciplinary action and be subject to the full progression of sanctions and/or referral for criminal prosecution. This policy would apply to individuals who cooperate with the investigation of allegations of sexual abuse and sexual harassment.

During onsite audit, DYRS did not meet the standard of 115.367. During the corrective action period, NCCDC designated a team with specific responsibilities to monitor for retaliation. Additionally, the NCCDC has a procedure that addresses the monitoring of retaliation resulting from substantiated and founded allegations of sexual abuse and sexual harassment. According to the Mental Health Practitioner, youth are afforded the opportunity for victim support. The clause in DYRS Policy 2.13 regarding prohibiting retaliation applies to all individuals including those who cooperated with a sexual abuse or sexual harassment investigation.

Corrective Action 115.367- Completed by NCCDC within the 180 day corrective action period.

PREA Standard 115.367 mandates that facilities are to have a designated person or department responsible for monitoring retaliation.

NCCDC is to designate individuals or a department to monitor. The individuals or department is to be trained in monitoring retaliation at NCCDC. The training can be done by either the PREA Compliance Manager or Agency Training Coordinator. The Auditor shall be provided the signature page and the agenda from training for evidence. This evidence will be provided to the Auditor within 60 days of the Interim Report.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policy 2.13 DYRS Policy 2.20 Interview Superintendent Random Staff Medical Practitioners Mental Health Practitioners Onsite Tour Random Review of Resident Files Pre-Audit Questionnaire Random Resident Files</p> <p>115.368(a) In DYRS Policy 2.13.IV.B.2-3 it addresses the utilization of classification or assessment tools to determine supervision needs of youth for the protection of victims and those known to be perpetrators. Further, the form of protective supervision includes housing decisions, movement throughout the facility, all routine and non-routine activities. This particular policy does not specifically state information regarding isolation, but it does address transgender youth, intersex youth, youth assessed as high risk for being victimized or offending or in need of protective housing. Isolation is cited in DYRS Policy 2.2.IV.E.1.c. The policy specifically addresses youth identified as LGBTQTI. Stated in the policy 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. The policy does require that youth receive large-muscle exercise and any legally required educational programming or special education services. It was confirmed by the Medical and Mental Health Practitioners that they would be required to visit residents in isolation at least once a day. Presently, youth on Administrative Intervention receive visits from the Medical and Mental Health Practitioners.</p> <p>There were no youth who were isolated due to sexual abuse reported on the Pre-Audit Questionnaire. Auditor reviewed random case files of residents that were identified by PREA Risk Assessment. It was determined that files reviewed by the Auditor found no residents that were placed in isolation who were either a victim or perpetrator of sexual abuse. It is required in policy that a concern must be documented if a youth is placed in isolation and the reasons why alternative means of separation can not be arranged. DYRS Policy 2.13.VIB.2.a exceeds the PREA standard of a youth in isolation being reviewed every 30 days. In the DYRS policy, youth are to be reviewed twice a month to assess any continued threats to safety experienced by youth.</p> <p>The Auditor inquired about the use of isolation at the NCCDC, the Superintendent stated that isolation is not a practice at NCCDC, but in the case of imminent danger of sexual abuse isolation would be instituted only if there is no other means of supervision. Residents are placed on Administrative Intervention for behavior and security concerns, youth are</p>

maintained on housing units in their rooms. According to random staff, all staff are required to monitor youth that are on Administrative Intervention. This leads the Auditor to believe there would not be specific staff that would monitor isolation. During the onsite tour, there were 2 youth that were on Administrative Intervention. Informally, the Auditor questioned staff on the reason youth were in their rooms. Staff replied that it was due to an altercation. The Auditor requested to interview one of the youths. When asked the reason for being placed on Administrative Intervention, the youth responded it was due to an altercation.

According to the Superintendent, the only times that isolation/segregated housing would be utilized is to protect a resident who has been sexually abused and a youth that is in imminent risk of sexual abuse.

NCCDC meets the standard of 115.368 post allegation protective custody. The facility established in policy that isolation is only as a last resort when there is no less restrictive measures deemed adequate. Youth are provided large muscle exercise, all legally required education, and special education services would be provided. The facility exceeds the requirement set by the PREA standards in reviewing youth in insolation twice a month to access the level of threat. Currently, NCCDC does not practice isolation. For a youth to be placed in isolation, a PREA Risk Assessment must be completed by NCCDC mental health practitioner to make the determination if youth is placed in segregated housing.

115.371 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

DYRS Policy 2.13
 Investigators Certificates
 Non-Critical Incident Reports-Administrative Investigation Reports
 Records Retention-Established in DYRS Policy 2.13
 Affirmation of Compliance with Investigative Standards for Sexual Assault DYRS and Delaware State Police
 Sexual Violence Incident Form
 Sexual Abuse Incident Review of Substantiated and Unsubstantiated Outcomes
 Review of Sexual Abuse and Sexual Harassment Files
 Interviews
 IA Investigators
 NCCDC PREA Investigator
 Superintendent
 PREA Coordinator
 PREA Compliance Manager
 Delaware State Police Representative
 Data Analyst

115.371(a)
 DYRS Policy 2.13.IV.D details criminal and administrative agency investigations. The policy reiterates that all allegations of sexual contact will be reported to the Child Abuse Hotline. Also, any matters that result in criminal action, Institutional Abuse will conduct the investigation jointly with the Delaware State Police (DSP). During the interviews with the 3 investigators, the Auditor ascertained that Child Abuse Hotline immediately contacts the Institutional Abuse Investigators. If the Child Abuse Hotline determines the case is a criminal action, IA will jointly investigate with the DSP. If the allegation does not meet the threshold for a criminal investigation, the processing of the investigation is turned back over to NCCDC. The 2 sexual abuse investigations were determined to not reach the threshold of criminal actions, so the allegations were handled administratively. Through review of the investigative records of the 2 sexual abuse allegations, it was determined that the NCCDC PREA Investigator was responsible for the investigation and completion of the Non-Critical Incident Reports.

115.371(b)
 All three of the investigators utilized by DYRS have received the specialized training for investigators. Copies of the certificates of completion of the specialized training was uploaded to the Pre-Audit Questionnaire. Additionally, an inquiry was made from the PREA protocols regarding the specialized training that the investigators received. All three investigators stated they received training in techniques for interviewing juvenile sexual abuse victims, use of Miranda and Garrity warnings, evidence collection in confinement, and criteria to substantiate if a case is administrative or criminal.

During the interviews with the IA investigators, they were unable to identify the designated

person or department who monitored retaliation. When the NCCDC PREA Investigator was asked the same question, it was stated that the Administrative Intervention Board was responsible for monitoring retaliation.

115.371(c)

According to the investigators, sexual abuse investigations are done immediately. The IA investigators are scheduled for 1st shift. DFS takes over investigations for the second and third shift. The NCCDC PREA Investigator agreed he has more flexibility due to being assigned to NCCDC. When the IA Investigator was asked to describe the investigation process. It was stated as follows:

1. Victim should be treated and obtain forensic evidence at hospital
2. Criminal Action involve Delaware State Police Investigation Unit Troop #2
3. Delaware State Police Detective Assigned
4. Interview Victim, Perpetrator, and Witnesses
5. Review Footage and review Logs for Checks
6. Review FOCUS Database to check criminal history, specifically sexual abuse history
7. Review Mental Health Records
8. Complete Required Documentation of Investigation

NCCDC has not had any allegations of sexual abuse that reached the threshold of criminal prosecution. Through review of the 2 allegations at NCCDC, it was determined by Child Abuse Hotline that the allegations would be handled administratively. According to the IA investigators, they were not dispatched to conduct the investigations of the 2 allegations of sexual abuse. All three investigators responded when receiving sexual abuse allegations from a third-party or anonymously, the same evidence collection process as any other sexual abuse allegation, but the evidence weight is a little less.

115.371(d)

According to the statements made by investigators, an investigation is not terminated due to victim or witnesses recanting the allegation of sexual abuse. In the Affirmation of Compliance with Investigative Standards for Sexual Assaults, the DSP will not terminate an investigation solely because the source of the allegation recants the allegation. It was further stated by the investigators when an outside agency such as DSP is involved, the role of IA and the NCCDC PREA Investigator is to jointly investigate the allegation.

115.371(e)

When there is an investigation that produces evidence to support criminal prosecution the IA Investigators stated that a consultation is held with DSP prior to compelled interviews. This consultation is made to ensure obstacles do not impede criminal prosecution.

115.371(f)

At the time of the onsite audit, there were no youth who reported a sexual abuse. Investigators disclosed that assessing credibility is determined by corroborative evidence, history, and consistency of details of allegation. Youth do not submit to polygraph at NCCDC.

115.371(g)

According to the NCCDC Investigator, logs and footage are reviewed to determine if there was

a breach in staff responsibilities that may have resulted in the sexual abuse or sexual harassment allegation. Upon completion of administrative investigation, the NCCDC PREA Investigator documents the investigation on the Non-Critical Reportable Event Form. Documented on this form is the victim's information, facility name, date, investigator's name, type of incident, event, injuries, procedural violations, pre-cautions, outstanding request/notifications, time facility was briefed, follow up issues, persons notified, and copied staff. Specifically, located on the form is a prompt regarding procedural violations which can be utilized to identify any staff dereliction of duties. Attached to this form is the Sexual Violence Incident Form. Another form utilized is the Sexual Abuse Incident Review of Substantiated and Unsubstantiated Outcomes which is completed by the Review Team after the investigation. On this form, there is a prompt pertaining to staff ratios at the time of incident and whether the monitoring technology was adequate.

115.371(h)

NCCDC has not had any documented criminal investigations of sexual abuse. At the time of the onsite audit, there were no documents to review from criminal investigation. According to the Pre-Audit Questionnaire, there were no documented criminal investigations of sexual abuse.

115.371(i)

According to the IA Investigators, there have been no substantiated allegations of conduct that was criminal that was referred for prosecution. There have been no criminal investigations of sexual abuse at NCCDC since the last PREA Audit in 2016. This information was also reported on the Pre-Audit Questionnaire.

115.371(j)

The DYRS Data Analyst maintains all sexual abuse and sexual harassment allegation files in accordance with DYRS Policy 2.13.IV.F.6-7, which states all data collected throughout the division on PREA allegations and all associated reports shall be securely stored by the Management Analyst using a double lock system, and will be retained for no less than 10 years after the date of initial collection unless Federal, State, or local law requires otherwise.

115.371(l)

The Affirmation of Compliance with Investigative Standards for Sexual Assault DYRS and Delaware State Police details the procedures in conducting investigations. The details are aligned with the PREA standards.

115.371(m)

The Affirmation of Compliance with Investigative Standards for Sexual Assault DYRS and Delaware State Police specifically states as a state agency, DSCYF is required to cooperate with DSP investigations.

NCCDC meets compliance in criminal and administrative agency investigations. The facility has established DYRS 2.13 to address criminal and administrative agency investigations. After the review of the reports generated for allegations of sexual abuse at NCCDC, it appears the reports are prompt, thorough, and objective. Additionally, the investigators stated that anonymous and third-party allegations of sexual abuse are investigated. All three investigators

have received specialized training in conducting investigations involving juvenile victims. The investigators responsibilities include collecting evidence, conducting interviews, and review prior reports and complaints of sexual abuse. Investigations are not terminated due to the recant of allegations. Compelled interviews are done in consultation with DSP. Youth are not administered polygraph examinations by investigators. All factors are investigated including staff dereliction of duties that may have contributed to a sexual abuse or sexual harassment. Administrative investigations are documented utilizing a form. All documentation pertaining to allegations of sexual abuse and sexual harassment are maintained by the Management Data Analyst for 10 years. All DSP investigations are according to the Affirmation of Compliance with Investigative Standards for Sexual Assault DYRS and Delaware State Police.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Child Abuse Protocol Interview Institutional Abuse Investigators NCCDC PREA Investigator</p> <p>115.372(a) The IA Investigators and the NCCDC PREA Investigators stated they impose the standard of a preponderance of the evidence in determining sexual abuse and sexual harassment allegations are substantiated. On page 98 of the Child Abuse Protocol, it is cited Division of Family Services (DFS) will make a finding once it has established that a preponderance of the evidence exists. It should be noted that the Institutional Abuse Unit is under the umbrella of the DFS.</p> <p>DYRS meets standard 115.372 evidentiary standard for administrative investigations.</p>

115.373	Reporting to residents
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 391 358">Interviews</p> <p data-bbox="252 369 454 403">Superintendent</p> <p data-bbox="252 414 422 448">Investigators</p> <p data-bbox="252 459 486 492">DYRS Policy 2.13</p> <p data-bbox="252 504 1300 537">DYRS Policy 2.13 Attachment E NCCDC Notification of Investigation Status Form</p> <p data-bbox="252 548 1284 582">Sexual Abuse Incident Review of Substantiated or Un-Substantiated Outcomes</p> <p data-bbox="252 593 566 627">Pre-Audit Questionnaire</p> <p data-bbox="252 672 399 705">115.373(a)</p> <p data-bbox="252 716 1476 918">According to the Superintendent at NCCDC, DYRS policy requires that youth are to be notified of the outcomes of sexual abuse and sexual harassment allegations. It was mentioned during the interview youth were verbally notified of the outcomes. The 2 sexual abuse investigations were investigated by the NCCDC PREA Investigator. The investigator confirmed that the notifications were verbally completed.</p> <p data-bbox="252 974 1476 1176">DYRS Policy 2.13.IV.D.1.i cites upon notification from Institutional Abuse or Law Enforcement, the program administrator will ensure that the youth is notified of the outcome of the case via the Notification Form. NCCDC Notification of Investigation Status Form is an attachment to DYRS Policy 2.13. and it is to be utilized when informing youth of the outcomes of an allegation.</p> <p data-bbox="252 1232 1484 1556">In review of the two sexual abuse allegations within the last 12 months, the NCCDC PREA Investigator notified the youth according to the completed investigative documentation. For the 2 allegations of sexual abuse at NCCDC, the Notification of Investigation Status Form was completed. The Auditor is concerned that the form is flawed, because it lacks signed verification by the youth being notified, but rather their names were typed into the signature line. Both alleged victims and the perpetrator were released prior to the onsite audit which impeded an opportunity for the Auditor to question the validity of the notification. Additionally, the Auditor was not provided log documentation of the notification.</p> <p data-bbox="252 1612 1468 1937">Additionally, the Auditor reviewed both Sexual Abuse Incident Review of Substantiated or Un-Substantiated Outcome Forms. For one of the allegations, the form contains information that the NCCDC PREA Investigator had spoken to the guardian of the alleged victim in person during the release of the alleged victim, but it appears it was too early in the investigation to provide a determination of the outcomes. It should be noted the alleged victim was released the same day of the alleged sexual abuse. Review of NCCDC Notification of Investigation Form for this allegation appears to have been given solely to the perpetrator. There was no signed verification by youth confirming the notification occurred.</p> <p data-bbox="252 1993 1468 2116">The second allegation was a staff on youth allegation of sexual abuse. It appears the alleged victim was notified utilizing appropriate documentation, but again the youth's name was typed into the signature line instead of the youth providing an actual signature.</p>

115.373(b)

Auditor obtained information from interview with Institutional Abuse Investigators that both allegations were not investigated by IA. The investigations were documented as being called into the Child Abuse Hotline, but the allegations were determined by case manager of Child Abuse to be investigated by NCCDC PREA Investigator. It was documented in Pre-Audit Questionnaire incorrectly. As stated previously in Audit Report, allegations of a criminal nature would be conducted jointly between Institutional Abuse and the Delaware State Police. In the case of an IA and DSP investigation, IA would be responsible for obtaining all updated status reports.

115.373(c)

DYRS does not specify the terms of notification for staff on youth sexual abuse allegations. According to DYRS Policy 2.13.IV.D.1.i, cites upon notification from Institutional Abuse or Law Enforcement, the program administrator will ensure that the youth is notified of the outcome of the case via the Notification Form. There was an unsubstantiated sexual abuse allegation of staff on youth. The youth was informed of the outcome upon completion of the investigation. At the time, the staff was placed on suspension so subsequently the staff was no longer posted within the youth's unit. Due to the youth being released prior to onsite audit and the staff no longer was employed at NCCDC, there was no opportunity for Auditor to delve into the particulars of the notification.

115.373(d)

For the resident on resident unsubstantiated allegation of sexual abuse, the alleged victim was not notified. The alleged victim was released the same day of the allegation. The alleged perpetrator was informed of the outcome. The Auditor has gathered from the policy and practice that NCCDC provides notification for any unsubstantiated, substantiated, unfounded, or founded allegations of sexual abuse or sexual harassment.

115.373(e)

NCCDC utilizes the Notification of Investigation Status Form to document all notifications of sexual harassment and sexual abuse. In the past 12 months, there has been 2 notifications completed for the 2 allegations of sexual abuse.

NCCDC meets compliance for 115.373 reporting to residents. DYRS has a policy that addresses notifying youth of outcomes of allegations of sexual abuse and sexual harassment. There is a form specifically tasked to obtain relevant information regarding the allegation. The only concern presented by the Auditor is youth and staff should sign on the signature lines so the form can be a legal document that notification occurred to the youth. Following any allegation of sexual abuse or sexual harassment, NCCDC notifies and documents the notification. Also, DYRS has policy that requires documentation of notifications.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policy 2.13 DYRS Policy 309 DYRS Policy 313 DSCYF Policy 208 Delaware Department of Human Resources Policy on Sexual Harassment Prevention Pre-Audit Questionnaire Interview Human Resource Department Representative</p> <p>115.376(a) There are several policies utilized by DYRS for disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment. DYRS Policy 2.13.IV.C.1.b, states that failure to report any sexual related incident will result in disciplinary action up to and including termination and/or criminal prosecution. Further found in DYRS Policy 2.13.IV.C.2.f, retaliation from youth or staff will result in disciplinary action subject to full progression of sanctions and/or referral for criminal prosecution. Lastly in Policy DYRS 2.13.IV.D.e-f, 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. 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 Resource Unit.</p> <p>Another policy that DYRS applies is DYRS Policy 313, and its purpose is to provide a uniform standard of guidance and expectations relative to criminal charges/convictions and child abuse/neglect investigations/substantiations of prospective or current employees, subsequent to an employee’s initial hire by setting guidelines for employee conduct.</p> <p>DYRS Policy 309 specifically is for the removal of employees from the workplace. The policy lists the allegations of events that may lead to removal from the workplace.</p> <p>In Delaware Department of Human Resources Policy on Sexual Harassment Prevention states that State employees are strictly prohibited from engaging in any form of sexual harassment. It further states, any employees, who, after a complete and impartial investigation, is found to have engaged in such conduct will be subject to appropriate disciplinary action, up to and including termination.</p> <p>115.376(b) Reported on the Pre-Audit Questionnaire, there have been no staff that have violated the sexual abuse and sexual harassment policies. Based on the policies established by the DYRS, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. There has been no staff that has been terminated or resigned for violating DYRS sexual abuse or sexual harassment policies.</p>

115.376(c)

Prior to disciplinary action, DYRS Administrators consult with the Human Resource Unit. This was confirmed during an interview with the Human Resource Units Representative. Stated in DYRS Policy 2.13.IV.D.e-f, 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. 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 Resource Unit.

115.376(d)

DYRS policy addresses terminations for violations of sexual abuse and sexual harassment of agency policies or resignations prior to termination are reported to law enforcement agencies and relevant licensing agencies. It is cited in DSCYF Policy 208.V.E-F, formulate findings and cite concerns based upon the information obtained during the investigation. The findings and concerns will be distributed to the appropriate Division or external entity. Documented on the Pre-Audit Questionnaire, there was no instances that DSCYF had to report findings of sexual abuse or sexual harassment to law enforcement or a licensing agency for the last 12 months.

DYRS meets compliance in the standard of disciplinary sanctions for staff. Policy are established that allow for disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment. In all policies, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Prior to disciplinary sanctions, the human resource department is consulted. Stated within policy terminations and resignation prior to termination resulting from sexual abuse or sexual harassment will be reported to law enforcement agencies and relevant licensing agencies.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policy 2.13 DYRS Policy 313 DCSYF Policy 305 DCSYF Policy 309 DCSYF Policy 208 Child Abuse Protocol Interview Superintendent Volunteers Criminal Background Check Representative</p> <p>115.377(a) Policy DYRS considers volunteers and contractors as equivalent to DYRS employees. In DYRS Policy 2.13.III.A for the purpose of this policy, staff is defined as any Department Employee, volunteer, contractor, official visitor, or other agency representative. The Auditor interpreted the agency was taking the position of disciplinary actions are not discriminate of role or position at NCCDC. Any individual with allegations of committing sexual abuse and sexual harassment will be removed from the NCCDC. The policy also mentions the failure to report any sexually related incident will result in disciplinary action up to and including termination and/or criminal prosecution. Section C:1 of the Child Abuse Protocol, DYRS staff and contractors must also make an immediate report to appropriate law enforcement jurisdiction for all allegations of sexual abuse involving children in state operated or contracted residential facilities including child on child and staff on child.</p> <p>According to Criminal History Unit, DYRS requires background checks of all volunteers and contractors prior to providing services. In the purpose clause of DYRS Policy 313, it is mentioned to ensure that no individual will be hired or retained if he/she poses a potential for risk or harm to children/youth served by the Department. Within DYRS Policy 313 there is a reference to Title 31, Chapter 3, Section 309 of the Delaware Code which requires a check of SBI and FBI records and review of the Department’s Child Protection Registry be conducted on employees of the Department hired after September 1, 1989 who have regular direct access or unsupervised direct access to children and/or adolescents under the age of 18. Additionally, DYRS Policy 305.V.A.1, states that volunteers/interns shall only begin their volunteer/internship work after required criminal history background checks and drug screening have been completed.</p> <p>During the last 12 months, there were no contractors or volunteers alleged of committing sexual abuse at NCCDC nor were there any reports made to law enforcement or relevant licensing bodies for contractors or volunteers engaging in sexual abuse of residents at NCCDC.</p> <p>115.377(b)</p>

DCSYF Policy 309 requires that employees, which includes contractors and vendors, be removed from the workplace when there are allegations of physical or sexual abuse against a youth. The Superintendent explained in the event of an allegation of sexual abuse or sexual harassment by a contractor or volunteer, the Child Abuse Hotline would be notified. It would be determined whether the allegation would be processed administratively or criminally. The alleged perpetrator would be removed until investigation is complete, and a determination would be made based on the findings.

DYRS meets compliance in 115.377 corrective action for contractors and volunteers. The agency has created policy to address the reporting of contractors and volunteers who engage in sexual abuse of youth at NCCDC to be reported to law enforcement and relevant licensing bodies. The policies require SBI and FBI background checks and the local child abuse registry. NCCDC takes the same remedial measures and prohibits contact with contractors and volunteers as NCCDC employees.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policy 2.13 DYRS Policy 2.20 Pre-Audit Questionnaire Cognitive Behavior Treatment Interview Superintendent Mental Health Practitioner</p> <p>115.378(a) During the interview with Superintendent, NCCDC would follow DYRS Policy 2.13.IV.C.2.h regarding substantiated allegations of sexual abuse and sexual harassment by a youth. Sexual contact and harassment by youth is prohibited in all Division programs and contracts. This contact shall be addressed in the behavioral management programs, medical follow-up and compliance to all reporting procedures. Documented on the Pre-Audit Questionnaires, there has been no administrative or criminal finding of resident on resident sexual abuse at NCCDC in the past 12 months.</p> <p>115.378(b) NCCDC does not utilize the practice of isolation. Isolation is not used as a disciplinary sanction at NCCDC. Isolation is only used as a last resort to protect a youth from imminent risk of sexual abuse in accordance to DYRS Policy 2.20.IV.E.2.c. The reference to isolation was referred to earlier in the report. The sanctions/discipline utilized are via the Cognitive Behavior Therapy (CBT).</p> <p>115.378(c) At NCCDC, all discipline/sanctions are determined utilizing Cognitive Behavior Therapy (CBT). Youth are acclimated to the model upon arrival to the facility. The facility utilizes mental and medical professionals to inform NCCDC administration to determine the youth's mental disabilities or mental illness may contribute to the youth's actions. The Mental Health Practitioner informed the Auditor of the weekly department head meetings that discuss concerns and treatments of youth at NCCDC.</p> <p>115.378(d) DYRS Policy 2.13.IV.C.2.i, highlights sexual contact and sexual abuse shall be addressed in the behavioral management programs, given appropriate medical follow-up and compliance with all reporting procedures.</p> <p>115.378(e) Garnered from DYRS policy a youth will receive discipline/sanction for committing sexual misconduct against a staff if the staff member did not consent. The same procedures apply to investigations and discipline of this type of incident. The allegation must be reported to the Child Abuse Hotline. A determination will be made regarding investigative process whether the case is to be processed by administration, Institutional Abuse, or by the Delaware State Police.</p>

If the actions of the youth is criminal, the case would proceed to the prosecutor. In either case of administrative or criminal findings, the youth would be disciplined/sanctioned utilizing the Cognitive Behavior Treatment Model.

115.378(f)

When a youth reports an allegation of sexual abuse and sexual harassment in good faith, DYRS Policy 2.13IV.C.2.i prohibits disciplinary action of the youth.

115.378(g)

DYRS prohibits consensual sexual activity between youth in DYRS Policy 2.13.IV.C.2.h. The behavior is addressed through the established behavioral management programs.

NCCDC meets compliance in 115.378 interventions and disciplinary sanctions for residents. Upon the administrative or criminal finding of engaging in resident on resident sexual abuse, NCCDC utilizes Cognitive Behavior Treatment to address discipline/sanctions for sexual abuse and sexual harassment. NCCDC does not utilize isolation for punitive measures. It is only to be utilized in the occasion of imminent risk of sexual abuse. The facility utilizes the Cognitive Behavior Therapy, but also consults with mental health to determine the youth's mental disabilities and mental illness. If a staff member is sexually abused by a youth and the staff is found to be non-consensual, the youth can be disciplined both administratively and criminally. Youth will not be disciplined in making a good faith report of sexual abuse or sexual harassment that results in an unsubstantiated allegations.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Memorandum of Understanding between the Division of Prevention and Behavioral Health Services and the Division of Youth Rehabilitative Services PREA Risk Assessment Pre-Audit Questionnaire Interviewed Mental Health Practitioner Mental Health Record</p> <p>115.381(a) On 2/21/19, the Memorandum of Understanding between the Division of Prevention and Behavioral Health Services and the Division of Youth Rehabilitative Services was renewed. The memorandum was established to facilitate a collaborative partnership in order to comply with PREA. The document does not require that a youth identified as having prior sexual victimization be offered follow-up services in 14 days of intake, but review of mental health records, it was found that youth identified as having prior sexual victimization receive follow-up services. According to the Pre-Audit Questionnaire within the last 12 months, there were 100 youth identified as prior sexual abuse victims offered an opportunity for a follow-up meeting. Mental health secondary documentation is the PREA Risk Assessment and it is maintained in the FOCUS Database. Only the Mental Health Practitioner and the Medical Practitioner have access to the risk assessment on the database.</p> <p>115.381(b) Memorandum of Understanding between the Division of Prevention and Behavioral Health Services and the Division of Youth Rehabilitative Services does not include providing follow-up services to youth who have previously perpetrated sexual abuse, but it was demonstrated through review of the mental health records that NCCDC's practice is to document and follow up with youth that are identified as experiencing sexual victimization. In the past 12 months on the Pre-Audit Questionnaire, there were 100 youth identified as being offered follow-up services within 14 days of intake.</p> <p>115.381(b) The Superintendent stated that only the Medical and Mental Health Practitioner have access to information relating to youth being sexually victimized and/or sexually abusive. The Mental Practitioner concurred that PREA Risk Assessments are maintained by the department, and limited information is provided for security and management purposes.</p> <p>115.381(d) Medical and Mental Health Practitioners stated to youth that confidentiality is limited. They are required to report due to being Mandatory Reporters</p> <p>During the corrective action period, NCCDC was found to be in compliance with PREA standard 115.381. Initially, NCCDC did not meet compliance in 115.381. The Auditor was not able to locate evidence of a 14 day follow-up for youth identified sexually victimized or sexually</p>

abusive. It is evident from the interview with both Medical and Mental Health Practitioners that documentation regarding youth PREA Risk Assessments are limited to the department. Further research during the corrective action period, it was found that within FOCUS medical staff was documenting 14 day follow up with residents that were identified as being sexually victimized or sexually abusive. The Auditor was provided mental health records that contained evidence of the follow ups.

Corrective Action 115.381 Medical and Mental Health Screenings; history of sexual abuse- Completed within the 180 day corrective action period.

PREA Standard 115.381 mandates that within 14 days of intake a youth who identifies as victimized or abuser is offered counseling. The PREA Compliance Manager will implement an addition to policy, a procedure, and ensure that documentation of counseling is occurring within 14 days of intake. Evidence of addition to policy and/or existing memorandum, written procedure of compliance, and proof/example of notation or documentation in youth's file. The evidence will be provided to Auditor within 60 days of Interim Report.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Child Sexual Abuse Protocols Medical and Mental Health Staff PREA Risk Assessment Affirmation of Compliance with Forensic Examinations Standards for Sexual Assault NCCDC Policy 707</p> <p>115.382(a) NCCDC Policy 707 details the procedures for a medical emergency. Staff is to determine medical emergency and notify appropriate medical personnel or medical emergency services. If youth can be moved, they will be assisted to receive services, and if they cannot be moved, the ambulance will be called. The Superintendent is to be notified immediately. On page 94 of the Child Abuse Protocols, it is mentioned that PREA requires that youth who experience sexual abuse in state operated or contracted facilities have access to forensic medical examinations. PREA also requires that DYRS staff and its contractors ensure that youth have timely access to emergency medical treatment, including emergency contraception and sexually transmitted infectious prophylaxis. According to DYRS Policy 2.13.IV.2.a all gathering of physical evidence and treatment are to be done by SANE/SAFE in a hospital setting by either Christiana Care Hospital or A.I. Dupont Hospital. Documentation of incident are maintained by the Mental Health and Medical Practitioners at NCCDC. During the onsite audit there were no youth identified as being sexually abused in the facility. This was further confirmed by the Medical and Mental Health Practitioner at NCCDC.</p> <p>115.382(b) Previously, it was mentioned that first responder duties include separating victim and seeking medical attention so if there is no qualified medical or mental health practitioners available, the staff recourse is to refer to NCCDC Policy 707 which requires the staff to seek medical services which would be at the hospital.</p> <p>115.382(c) Affirmation of Compliance with Forensic Examinations Standards for Sexual Assault is between Christiana Care Hospital and DYRS. Through this agreement, forensic examinations are made available without consideration of cost to youth where evidentiary or medically appropriate by SANE/SAFE. Further, the affirmation does not readily list the services that are provided, but the Child Sexual Abuse Protocols does list the services. In addition, the Auditor concluded since the affirmation is based on the National Protocol for Sexual Assaults Medical Forensic Examinations Adults/Adolescents the services provided include offering timely information about emergency contraception and sexually transmitted infections prophylaxis.</p> <p>115.382(d) Further in the Child Abuse Protocol, there is mention of the DPHS providing outpatient treatment and supportive services to youth who are uninsured or insured by Medicaid. Also, the DYRS existing memorandum of agreement with SOAR makes available victim services as well. The affirmation does state that the hospital attempts to make available to the victim, a</p>

victim advocate from a rape crisis center. The individual will provide support through the forensic medical examination process, investigatory interviews, assist in emotional support, crisis intervention, information, and referrals.

DYRS meets the standard for 115.382 access to emergency medical and mental health services. Youth are provided timely and unimpeded access to emergency medical treatment and crisis intervention. In responding to a report of sexual abuse, staff immediately begin first responder protocol. Random staff stated that first responder protocols would immediately begin. Youth are provided services in accordance to the Affirmation of Compliance with Forensic Examinations Standards for Sexual Assault which is based on National Protocol for Sexual Assaults Medical Forensic Examinations Adults/Adolescents.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Child Abuse Protocol DYRS Policy 2.13 Interview Medical Practitioner Mental Health Practitioner Affirmation of Forensic Examinations</p> <p>115.383(a) Youth at NCCDC would be offered medical and mental health care in the incidence of sexual abuse. DYRS Policy 2.13 requires that youth are provided the services. Additionally, the Child Abuse Protocol outlines the medical and mental health services required. It is also stated that medical services such as forensic examination will be provided in a hospital setting.</p> <p>115.383(b) Contained within the Child Abuse Protocol are requirements that youth receive follow-up services, treatment plans and necessary referrals to continue care. Specifically, it is written the child and family should be connected to any needed behavioral health and social services in order to reduce trauma, promote healing and improve outcomes. The Medical Practitioner stated that referrals could be made in the community for youth who were being released. DYRS Policy 2.13.E.2 details that if a youth needs services in the community that contact information will made available.</p> <p>115.383(c) The Medical and Mental Health Practitioners felt the services rendered were at the least equivalent to the care in the community. They found that youth were more likely to utilize the care in NCCDC due to the stigma that is attached within the community regarding receiving certain services. The Auditor inquired to the random youth regarding the quality of care received at the facility. The youth responded that they were satisfied.</p> <p>115.383(d&e) Through the Affirmation of Compliance with Forensic Examinations Standards for Sexual Assault and the Child Abuse Protocol, female victims of sexual abuse will be provided a pregnancy test and be provided timely access to lawful pregnancy-related medical services.</p> <p>115.383(f & g) Through the Affirmation of Compliance with Forensic Examinations Standards for Sexual Assault and the Child Abuse Protocol, victims of sexual abuse will be offered test for sexually transmitted infections. Treatment services would be provided without financial cost and without conditions.</p> <p>115.383(h) If deemed necessary, the mental health practitioners would be responsible for providing services to the alleged abuser.</p>

NCCDC meets compliance in standard 115.383 ongoing medical and mental health care for sexual abuse victims and abusers. The Child Sexual Abuse Protocols the medical and mental services that need to provided to youth in DYRS operated facilities. According to both the youth and the Mental Health and Medical Practitioners, the felt the services were equal to services provided in the community.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Review of Sexual Abuse Incident Review of Substantiated or Unsubstantiated Outcomes DYRS Policy 2.13 Interview Superintendent Medical Practitioner Mental Health Practitioner</p> <p>115.386(a) NCCDC utilizes an Incident Review Team to discuss incidents of sexual abuse and sexual harassment. Per DYRS 2.13IV.D.4 incident reviews are to occur within 30 days of the report of the investigation or 45 days if investigation is extended. The review is to be done for all allegations of sexual abuse and sexual harassment. The team is convened to review an allegation or investigation to determine if there are needs or changes for example:</p> <ol style="list-style-type: none"> 1. Change policy or practice 2. Motivating factor for incident or allegation 3. Were there any physical barriers that may have enabled abuse 4. Adequacy of staffing levels 5. Assess monitoring technology to supplement supervision by staff <p>This information is located on the Sexual Abuse Incident Review of Substantiated or Un-Substantiated Outcomes Form. The Superintendent did detail the needs or changes that the team reviews when assessing an allegation.</p> <p>In the past 12 months, there were 2 allegations of sexual abuse. There was a staff on youth allegation and youth on youth allegation. For both allegations, there was an incident review.</p> <p>115.386(b) For both allegations of sexual abuse, there was an incident review completed. In reviewing of one of the completed Sexual Abuse Incident Review of Substantiated or Un-Substantiated Outcomes, the allegation was on May 29, 2018, and the final review date was June 13, 2018.</p> <p>115.386(c) In accordance with the PREA standards and the DYRS Policy.IV.D.4.d. the review team is to consist of upper level management officials, with input from line supervisors, investigators, and medical and mental health practitioners. The Auditor determined that all required participants were accounted. There was input from the supervisor.</p> <p>115.386(d) Review of the form utilized for the review team, there is a section titled Findings of Team. PREA standard requires that the findings are shared with facility head and the PREA Compliance Manager. Both the Superintendent and the PREA Compliance Manager participate on the review team. There is a section for Final Recommendations.</p>

115.386(e)

DYRS Policy 2.13.IV.D.4.f requires the review team to prepare a report of findings and any recommendations for improvement and submit the report to the agency head, PREA Compliance Manager, Deputy Director, and the Management Analyst. Recommendations shall be implemented or shall document its reasons for not doing so in the report. The Auditor found the form contained information required by the policy as well as the PREA Standard.

For the standard 115.386 sexual abuse incident review NCCDC does meet the standard. NCCDC does conduct a sexual abuse incident review of all criminal and administrative sexual abuse investigations. The review occurs within 30 days of the conclusion of the investigation. The review does consider all required factors. The form that the team utilizes includes findings, recommendations, and it documents if recommendations are implemented. If the recommendations are not implemented the reason is documented.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Operating Guidelines for Contracted Children and Family Programs and Services DYRS Policy 2.13 Attachment A- Sexual Violence Incident Form Details Information of Allegation Attachment B-Sexual Violence Incident Form Victim Attachment C- Sexual Violence Incident Form Youth on Youth Perpetrator Attachment D- Sexual Violence Incident Form Staff on Adult Perpetrator Interview Management Data Analyst</p> <p>115.387(a) During the interview with the Management Data Analyst it was determined that the facilities document information pertaining to sexual abuse and sexual harassment allegations utilizing the attached forms on DYRS Policy 2.13. These attachments are utilized at all the DYRS state operated facilities. Attachment A is the Sexual Violence Incident Form which captures the pertinent information such as date, time, facility, and location. It lists the number of victims and perpetrators. Lastly, the form identifies the type of sexual violence whether the allegation is nonconsensual sexual act, abusive sexual act, or sexual harassment. The remainder of the forms are utilized to identify specifically the victim, youth perpetrator, or adult perpetrator. The policy makes the administrators responsible for providing internal investigation outcomes for data collection.</p> <p>115.387(b) The Management Data Analyst is responsible for aggregating the incident sexual abuse data and providing the data quarterly to the Deputy Director per DYRS Policy 2.13.IV.F. DYRS exceeds the requirement set forth by the PREA standards.</p> <p>115.387(c) The information obtained from the attachments to DYRS 2.13 provide the information to complete the Survey of Sexual Violence required by the Department of Justice.</p> <p>115.387(d) According to the Management Data Analyst, all documentation is maintained, reviewed, and collected from the Non-Critical Incident Reports, Incident Review Forms, and Sexual Abuse Incident Forms and attachments.</p> <p>115.387(e) During the interview with the Management Data Analyst, the Auditor reviewed data from state operated facilities and contracted facilities. Within the Operating Guidelines for Contracted Children and Family Programs and Services, contracted facilities are to provide incident based and aggregated information to DYRS.</p> <p>115.387(f) The Management Data Analyst provides requested data to the Department of Justice</p>

annually.

DYRS meets compliance for the standard data collection. The agency collects uniformed data for every allegation of sexual abuse and sexual harassment. Quarterly, the agency aggregates data, and it includes information to complete the Survey of Sexual Violence. The Data Analyst maintains, reviews, and collects data from the Non-Critical Incident Reports, Incident Review Forms, and Sexual Abuse Incident Forms and attachments. Also, the agency collects data from private contracted facilities for the confinement of its youth. Lastly, the Management Data Analyst provides requested data to the Department of Justice.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policy 2.13 Interviews Agency Head Director’s Meeting Minutes November 2019 https://kids/Delaware.gov/yrs/prea-reports.shtml</p> <p>115.388(a) An example of the agency reviewing data is the Director’s meeting held on November 28, 2019. Based on the minutes, there was a discussion regarding PREA staffing levels, investigations, determination of findings, and the types of PREA reports that should be generated going forward. According to Agency Head, information obtained from data is utilized to make necessary improvements such as staffing, policy, training, or making upgrades to the facility. The new Agency Head will be approving the Annual Report for CY2018. It was disclosed to the Auditor that there will be some changes and additions to the report.</p> <p>115.388(b) Per DYRS Policy 2.13.IV.F.1-5, the agency is responsible for reviewing collected on sexual abuse and sexual harassment in the facilities in order to report publicly. The report should include findings and corrective actions along with current year’s data and corrective actions with those of last years. In addition, an assessment of the agency’s progress regarding sexual abuse was not included. When reviewing the documents on the Agency’s website, there were DYRS PREA Annual Reports dating back to CY2012, but the reports lack comparison of years or specific corrective actions.</p> <p>115.388(c) DYRS Annual Reports are publicly available on https://kids/Delaware.gov/yrs/prea-reports.shtml. The annual report was approved by the previous Agency Head. According to the new Agency Head, there will be changes in the information contained in the Annual Report like comparative information and corrective action information.</p> <p>115.388(d) In the report information personal identifiers were not included for the privacy of the individuals involved in the allegations of sexual abuse and sexual harassment. The agency did not specify redaction.</p> <p>DYRS meets compliance for the standard of 115.388 data review for corrective action. The agency demonstrated use of data for decision making and discussion. DYRS publishes the data for the public review on the agency’s website. All Annual Reports from CY2012 are available. The Annual Report was approved and published to the public by the previous Agency Head. Information was redacted from the reports in order to protect the privacy of youth.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DYRS Policy 2.13 Interview Management Data Analyst</p> <p>115.389(a) As the PREA Coordinator has recently taken on the position, the Auditor decided to interview the Management Data Analyst. The position has historical knowledge of the data utilization, collection, maintenance, and publishing. The agency ensures the incident-based and aggregate data are securely retained. During the interview with the Management Data Analyst, the Auditor asked to view the location of the documentation. The documents were found to be secured. In DYRS Policy 2.13.IV.F.6-7, it is cited that all data collected throughout the division on PREA allegations and all associated reports shall be securely stored by the Management Data Analyst using a double lock system.</p> <p>115.389(b) Mentioned in DYRS Policy 2.13, aggregated data from privately contracted residential facilities is contained on the annual report and made public via the agency's website. The Auditor reviewed the Annual Reports on the website, it was found that private contractors provided the aggregated data required.</p> <p>115.389(c) Review of all Annual Reports on the agency's website reveal there are no personal identifiers on the information published.</p> <p>115.389(D) Upon review of the files in the Management Data Analyst office, there were files that were available beyond 2012. DYRS Policy 2.13.IV.F.7 states that files are to be retained for no less than 10 years unless Federal, State, or local law requires.</p> <p>DYRS meets compliance in the standard of 115.389 Data storage, publication, and destruction. DYRS ensures that all information and data is securely retained. Annually, sexual abuse and sexual harassment data is received by contracted facilities to be made public on Agency's website. Prior to information being made public, all personal identifiers are removed. Sexual Abuse data is retained for at least 10 years unless federal, state, or local law prohibits.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401(a) After reviewing the Department of Services for Children, Youth, and their Families' website, the Auditor has determined that the agency has complied with the auditing of all the state operated facilities on an every 3 year cycle since August 20, 2013. Below find names of facilities and year and cycle.</p> <p>New Castle County Detention Center Year 3 Cycle 2 Ferris School for Boys Year 3 Cycle 2 Residential Cottages Year 1 Cycle 2 Stevenson House Detention Year 2 Cycle 2</p> <p>115.401(b) DSCYF has met the PREA mandate of having at least two-thirds of each facility type audited during the first two years of the audit cycle.</p> <p>115.401(h) The Auditor was given full access to the entire facility. There was an issue log maintained via email by the Auditor and the PREA Coordinator. The PREA Coordinator provided all documents requested on issue log, and they were uploaded to the PREA Audit System. Information was provided in a timely manner. During the onsite audit the Auditor was provided with logbooks, electronically stored information, post assignments, youth population list, and staffing list.</p> <p>115.401(m) The Auditor was permitted to conduct private interviews with youth in the administration conference room at NCCDC. The room was adequate to hold interviews.</p> <p>115.401(n) Information was posted throughout the building which detailed the onsite audit. The posting included the Auditors name and mailing address. The PREA Coordinator confirmed that youth would be permitted to send confidential correspondence to the Auditor in the same manner as communicating with legal counsel.</p> <p>DSCYF meets compliance in the standard 115.401 frequency and scope of audits. All state operated audits have been either completed for this cycle or they are scheduled for this cycle. The agency has also ensured that two-thirds of each facility type has been completed by the third cycle. The Auditor had full access to the facility and ability to observe all areas of NCCDC. The PREA Coordinator and the Auditor maintained an email issue log, and the PREA Coordinator provided all requested documents via the PREA Audit System. While onsite, the Auditor was provided requested documentation and electronically stored information.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403(f)</p> <p>DSCYF has published final reports for state operated facilities on the agency's website https://kids.delaware.gov/yes/prea-reports.shtml . Below find the name of the facility, date of final report, or status.</p> <p>New Castle County Detention Center October 14, 2016 & September 29, 2019 Ferris School for Boys September 21, 2016 & In Audit Residential Cottages December 14, 2015 & August 8, 2017 Stevenson House Detention December 31, 2015 & July 18, 2018</p> <p>DSCYF meets the standard of 115.403 audit contents and findings. The agency has published to the public all the state operated facilities' final reports.</p>

Appendix: Provision Findings

115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes

115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	no

	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes

115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na

115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	no

115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na

115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	yes

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	no

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes

115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	no

115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes

115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes

115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	no

115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes

115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no

115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na

115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	no
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	no

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	no

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes

115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes

115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes

115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.388 (a) Data review for corrective action		
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.388 (b) Data review for corrective action		
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c) Data review for corrective action		
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.388 (d) Data review for corrective action		
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.389 (a) Data storage, publication, and destruction		
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)</p>	yes