

**PREA AUDIT REPORT    INTERIM    FINAL  
JUVENILE FACILITIES**

**Date of report:** November 24, 2015

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> November 3 – November 4, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> The Chris Sturfels Youth Center			
<b>Facility physical address:</b> 800 Bellevue Road, Wilmington DE 19809			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> (302) 764-6710			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Cathy McKay			
<b>Number of staff assigned to the facility in the last 12 months:</b> 13			
<b>Designed facility capacity:</b> 10			
<b>Current population of facility:</b> 5			
<b>Facility security levels/inmate custody levels:</b> Minimum/Pre-disposition detention			
<b>Age range of the population:</b> 12 - 17			
<b>Name of PREA Compliance Manager:</b> Erica Sanders		<b>Title:</b> Program Director	
<b>Email address:</b> esanders@connectionscsp.org		<b>Telephone number:</b> (302) 377-7720	
<b>Agency Information</b>			
<b>Name of agency:</b> Connections Community Support Programs, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 500 West 10 <sup>th</sup> Street, Wilmington, DE 19801			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> (302) 984-3380			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Cathy McKay		<b>Title:</b> President and CEO	
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<b>Agency-Wide PREA Coordinator</b>			
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## AUDIT FINDINGS

### NARRATIVE

Chris Sturfels Youth Center (CSYC) is located in North Wilmington near Bellevue State Park on a nicely-wooded property in a quiet suburban neighborhood off of Philadelphia Pike. CSYC provides a safe environment for boys and girls who have been arrested but who have not yet been adjudicated of a criminal offense. CSYC provides a residential alternative to detention for youth between the ages of 12 and 17. The residential facility can house up to (10) girls and boys who have been arrested and are awaiting a court date.

Notices of the PREA Audit were sent to the PREA Coordinator September 4, 2015. Confirmation of the postings and photos of postings were provided via email on September 8, 2015. The PREA Auditor did not receive any comments as a result of the posted notices. The PREA Coordinator provided a flash drive with the completed Pre-Audit Questionnaire, policies and secondary documentation. This information was received 30 days prior to the audit. The Pre-Audit Questionnaire and documentation were reviewed and clarification and additional documentation was requested and provided expeditiously. The PREA Coordinator was exceptionally responsive to any request for additional information and a pleasure to work with prior to, during and after the onsite audit, November 4, 2015. It was evident from communication with the PREA Coordinator prior to the audit, during the audit and after the audit that he takes PREA and sexual safety in his company's programs very seriously.

The PREA Audit Team arrived at the facility on the afternoon of November 3, 2015. The audit was scheduled for November 4 however following the completion of the PREA Audit at New Expectations, another Connections CSP facility, the Agency PREA Coordinator suggested stopping by the facility to introduce ourselves and possibly take a tour. Upon arrival the Team was greeted by the Program Director. A brief introductory meeting was conducted to introduce the PREA Audit Team and to explain the on-site audit process. Present were the Audit Team Leader, Rob Lanier, Certified PREA Auditor for Adults and Juveniles, Sonya Love, Certified PREA Auditor for Adults and Juveniles, Adam Barnett, Certified PREA Auditor, Juveniles, Connections CSP PREA Coordinator, Program Director and the Staff Supervisor. Following the entrance briefing the audit team conducted a tour of the facility led by the Chris Sturfels Youth Center Facility Director. PREA Notices were observed in multiple locations. PREA Posters were also observed throughout the facility and accessible to residents, staff and visitors. Cameras were observed in strategic locations to aid staff in being able to observe residents and staff. The facility was observed to be neat, clean and orderly. Because residents attend their own public schools, none of the youth were at the center at this time. Video cameras were observed throughout the facility, strategically located to allow staff to monitor youth and staff activities and movement. Cameras were not located in any resident room nor were there any in the restroom/showers. Restrooms were primarily located between rooms and shared with the other room. Privacy is afforded, however, because of the ability to lock both doors to the restroom from the inside. The facility layout presents most youth rooms separated from other youth rooms by a shared restroom. This layout provides the potential for youth to mingle in the shared restrooms or to go from one room to another. Staff indicated they have not really had problems with this and that staff are proactive in supervising youth while they are in their rooms. The facility is co-ed and staff supervision is indeed essential to sexual safety. During the tour there were a number of solid doors that, again, potentially provided places for staff and youth to meet. The entrances were usually covered by video cameras in the halls. Keys were restricted. It was suggested that another thing that could be done to help mitigate liability in the absence of cutting small viewing windows in the doors would be to place signs restricting access to authorized staff only and prohibiting youth from any access. It could be something as simple as a laminated sign saying Restricted Area, No Youth Allowed, Authorized Staff Only. Cameras are monitored in the Staff Supervisor's Office. The Director related that video footage is retained for 30 days in the system. If an incident occurred, the video would be downloaded for evidence.

The following day, November 4, 2015 the audit team arrived at the facility at approximately 7:00AM to interview the overnight staff. After conducting two interviews the team met with briefly with the Facility Director to discuss the plans for the day. One of the PREA Team Certified Auditors met in the conference room with the Agency PREA Coordinator to review each standard and secure any additional documentation that was needed. Once again, the Agency PREA Coordinator was very helpful and extremely responsive to requests for additional information. The Lead PREA Auditor and another Team member, a certified PREA Auditor, proceeded to conduct interviews with youth and staff. Interviews had to be conducted prior to the youth leaving for their respective schools in the community.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The entrance to Chris Sturmfels Youth Center is monitored by video camera. The center houses up to ten girls and boys who have been arrested and are awaiting a court date. The Center is licensed by the State of Delaware and is funded by a contract with the Delaware Department of Services for Children, Youth and Their Families, Division of Youth Rehabilitation Services (DYRS). The program allows residents to continue their education, activities and family relationships in a safe and structured setting with around-the-clock supervision while awaiting adjudication. On entering the facility the small foyer has PREA relevant signage and a desk with a PREA Complaint box. The administrative section of the center is located to the left inside the foyer. The facility has a large multipurpose (MP) room where residents congregate. The MP room is used for leisure activities and dining. A CSYC direct care staff was positioned at a desk on the left-side of the multipurpose room's front entrance. The positioning of the desk allows staff to visually observe the long-hallway where resident rooms are located. In addition to visual observation cameras are also located at the end of the hallway in the MP area, administration and on the lower level. All doors restricted to residents were locked to prohibit access. In the living unit most residents co-share bathrooms but a resident's privacy is protected by their ability to lock either entrance to the bathroom when it is in use. Co-located bathrooms are shared by the same-sex resident. CSYC also has a single room with a bathroom that is not shared by another resident and a bathroom located in the hallway. The hallway bathroom is kept locked by staff. At the end of the hallway is another common-area or quiet room with a camera.

There were five youth assigned to the facility on the day of the audit, four of those were interviewed prior to the youth having to leave for school.

## **SUMMARY OF AUDIT FINDINGS**

Based on the reviewed documentation provided on the Pre-Audit Flash Drive, additional documentation submitted prior to, during and after the on-site visit, as well as interviews with staff and youth the PREA Audit Team worked with the PREA Coordinator to develop corrective actions in the following areas:

- Signature from the agency head needed on several documents.
- CCSP needed an updated MOU to include all interpreter services, and interpreter services made available to staff.
- Modified grievance form.
- Retrain residents on the grievance process.
- Document and increase PREA unannounced rounds
- Modified the PREA Employment Questionnaire to reflect the require information in standard 115.217.
- Have all staff to complete the PREA Acknowledgement Statement.
- Ensure that all residents signed the Resident's PREA Acknowledgement Statement.
- Part-time medical staff needs to complete the Medical NIC Training (Specialized Training).
- Ensure that the initial Sexual Aggression instrument for victimization is completed on all residents.
- Modified the Coordinated Response Plan.
- Publish a copy of the State Annual Report on the CCSP website.

The CCSP PREA Coordinator was extremely cooperative and expeditiously responded to address those areas. The PREA Coordinator and the facility has completed and submitted the recommended corrective actions documentation within 30 days after the site-visit. Again, the PREA Coordinator was extremely responsive to all requests for additional documentation and expeditiously provided the information requested. It was evident that he and the agency are committed to sexual safety for their residents.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

### **Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

**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.**

#### **Summary:**

Connections Community Support Programs, Inc. (CCSP) PREA Policies and Procedure Manual Policy 700, PREA Compliance and Policy 701, PREA Zero Tolerance requires Zero Tolerance and outline the company's position regarding all forms of sexual abuse and sexual harassment. These policies also describe the program's response to preventing, detecting, responding to and reporting all allegations of sexual abuse or sexual harassment. Policy indicated that "zero tolerance" means that even one incident of sexual abuse or sexual harassment is too many.

A review of Policy 703, PREA General Principles, designates the position of agency PREA coordinator and provides detailed descriptions of duties and responsibilities. CCSP's facilities have a designated PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. The PREA Compliance Manager is the site Director.

CCSP provided an organizational chart indicating that the agency PREA Coordinator reports to the Director of Performance Improvement and the PREA Compliance Managers report to the Agency PREA Coordinator.

#### **Interviews:**

100 percent of the interviewed residents and staff were aware of the Agency's Zero Tolerance Policy. Staff indicated that they have been trained to take every suspicion, knowledge or allegation seriously, no matter how many times a resident has made allegations. Residents were aware of the Zero Tolerance expectation and stated that all forms of sexual activity, consensual or non-consensual, was prohibited in this program. All of the interviewed youth stated they feel safe in this facility. Too, they indicated they had multiple ways to report sexual abuse if it occurred. The most common response to how they would report was to report it to a trusted staff person.

#### **Reviewed Documentation to determine complete compliance:**

- ✓ Internal Memorandum Dated September 15, 2015 Approval of all PREA Policies and Procedures
- ✓ Letter from Chief Operations Officer July 18, 2015 designating PREA Compliance Manager
- ✓ Pre-Audit Questionnaire, 115.211
- ✓ CCSP Policy and Procedure 700, PREA Compliance Manager
- ✓ CCSP Policy and Procedure 701
- ✓ CCSP Policy and Procedure 702
- ✓ CCSP Policy and Procedure 703
- ✓ CCSP Organizational Chart

**Standard 115.312 Contracting with other entities for the confinement of residents**

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

**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.**

**Summary:**

CCSP Policy and Procedure 712, Contracting with Other Entities, indicates that CCSP does not contract with any other private agency or entity to house or confine residents/youth. CCSP is under contract with the State of Delaware, Department of Services for Children, Youth and their Families. The facility provided the auditor with an addendum date 8/21/2015. The addendum requires the PREA language to be added to the original contract.

**Interviews:**

Interviews with the Agency PREA Coordinator and the Facility Administrator/PREA Compliance Manager indicated that the agency/facility does not contract with outside entities for housing and confining youth and/or for providing services contractually. The PREA Coordinator related the Program is required by the contract with the Department of Services for Children, Youth and Their Families, to comply with all PREA requirements and standards.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 712
- ✓ Pre-Audit Questionnaire, 115.312
- ✓ Addendum #2 PREA Standards and Requirements
- ✓ Department of Services for Children, Youth and their Families Contract with CCSP

**Standard 115.313 Supervision and monitoring**

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

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**Summary:**

Staffing at Chris Sturfels Youth Center (CSYC) is predicated upon an average daily population of 10 residents. The staffing needs analysis is based on the contract with Delaware Department of Services for Children, Youth and their Families. CSYC is required by the Delaware Department of Services for Children, Youth and their Families to provide a staff to student ratio at a minimum of 1:5 between 8:00AM and 12 midnight and a ratio of 1:10 on the midnight shift with on-call staff available to respond in crisis and/or for transport of a new admission at all times. CSYC staff is required to maintain the ability to provide 1:1 staff coverage for any youth requiring medical or psychiatric hospitalization.

Policy 704 requires that, at least yearly, CSYC assesses and determines where changes should be made to either the staffing plan and or deployment of cameras. There are 18 cameras located throughout the facility. These cameras are monitored by the front desk staff. The facility consults with the agency PREA Coordinator to document whether adjustments are needed. The facility uses the video monitoring system to enhance supervision of the youth.

Policy 704 also requires intermediate-level or higher level supervisors to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Residents at CSYC attend school at their home schools located in the community. According to the management team there is limited supervision from the facility staff while in the community. The facility requires that all areas/locations in the facility that are off limits to youth remain locked. One door was observed to have a sign indicating the room was accessible only to "authorized staff". A number of other solid doors were observed and it was recommended that signs be placed on these doors designating the areas as off limits to youth and accessible to "authorized staff only". It should be noted however that in most cases, video camera deployment covered the entrances to a number of these doors.

**Interviews:**

An interview with the Facility Director indicated that staffing at this facility is currently dictated by the contract with the Department of Services for Children, Youth and their Families. She stated the contract requires specific ratios. From 8:00AM to 12:00 Midnight the ratio of staff to youth is 1:5 while the ratios from Midnight to 8AM is 1:10. The Director articulated how the staffing plan is reviewed each year, including the need for additional video coverage. Supervisory staff indicated that unannounced rounds are being conducted.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 713
- ✓ CCSP Policy and Procedure 704
- ✓ View Camera locations
- ✓ PREA Unannounced Round Sheets
- ✓ View Doors with Restricted Signs
- ✓ View Staff Time Sheets on the 1<sup>st</sup>, 10<sup>th</sup> and 20 of the month to verified staffing.
- ✓ Contract Number: YRS (CCSP-RAD) FY14-13045 (Contract Between Delaware DSCYF and CCSP)
- ✓ Pre-Audit Questionnaire, 115,213

**Standard 115.315 Limits to cross-gender viewing and searches**

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

**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.**

**Summary:**

The facility prohibits cross-gender pat-down searches and visual body cavity searches of residents, unless performed by a medical practitioner. Staff related that this facility is a “hands off” facility meaning they do not conduct any search procedures that involve touching any youth. They do require youth to empty their pockets, remove jackets and empty the jacket pockets and then the youth are searched using a hand held wand.

If the facility ever has a transgender or an Intersex resident, Policy and Procedure 714, prohibits transgender or Intersex residents from being searched or physically examined by staff for the sole purpose of determining gender. If gender is unknown it may be determined by conversation with the resident, by reviewing medical documentation or in necessary an exam conducted in private by a medical practitioner. There were no LGBTI youth in the facility during the audit period. CCSP Policy and Procedure 714 require staff of the opposite gender to announce their presence every time when entering housing hallways.

According to policy, residents are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia, except when such viewing is incidental. This limitation not only applies to in-person viewing but also remote viewing as well. The facility staff indicated that if there was an exigent circumstance the process and circumstances would be documented.

**Interviews:**

Interviewed youth and staff reported that staff do conduct cross gender pat down searches. They related also that they are able to shower, dress and perform bodily functions in private. Interviews with youth indicated that staff do announce their presence sometimes but that they know anytime an opposite gender staff is present. Interviewed staff indicated that the facility does not do pat down searches but uses a “hands off” approach requiring youth to empty their pockets and searching only with a “wand” to detect the presence of contraband. Youth related that they are fully clothed when going to and from the showers and are never in view of staff while showering, using the restroom or dressing.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 714
- ✓ Pre-Audit Questionnaire, 115,315
- ✓ View Resident Rooms, Showers and Toilets

**Standard 115.316 Residents with disabilities and residents who are limited English proficient**

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

**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.**

**Summary:**

Connections Community Support Programs Policy and Procedure 704, Prevention Planning, requires it's facilities to take appropriate steps to ensure that residents with disabilities (including residents who are deaf or hard of hearing, those who are blind or have low vision, or those with intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from efforts to prevent, detect, and respond to all forms of sexual abuse and sexual harassment. The steps include effective communication with residents who are deaf or hard or hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively.

Connections policy also requires written materials in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities or limited reading.

Policy 704, Prevention Planning, requires the facility not to rely 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. CCSP provides Spanish speaking employees that serve as interpreters for none or limited English speaking residents. CCSP also provided an Internal Memorandum with the following interpreters and locations:

1. Rogette McMillan – Gordy Place Group Home
2. Jose Hernandez – Black Bird Landing Group Home
3. Rey Troche – Silverside Road Outpatient Services
4. Neyra Lahoz – CTW Coordinator
5. Raiza Martinez – Newark Outpatient Services

The facility reported that the courts, during a pre-screening process, take into account language barriers and any other disability that may not be appropriate for the facility/program before placing a resident at Chris Sturmfels Youth Center. The facility has not had any youth admitted in the past 12 months who are limited English proficient or who have had other disabilities that would have required access to interpreters or other means of effectively communicating.

**Interviews:**

100 % of the interviewed staff related that they would not permit a resident interpreter to translate for a Limited English Proficient Resident. They related they would contact one of the company's translators. They also related that they doubted, because of the nature of the program, that the facility would have a resident who was unable to speak English proficiently or who was impaired by any other disability.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 704
- ✓ Pre-Audit Questionnaire, 115.216
- ✓ Internal Memorandum date September 18, 2015 – Interpreters PREA
- ✓ PREA Posters in Spanish and English

**Standard 115.317 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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#### Summary:

Connections Policy 704, Prevention Planning, requires the facility not to hire or promote anyone who may have contact with residents, and not to enlist the 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;
- 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; or
- Has been civilly or administratively adjudicated of engaging or attempting to engage in sexual activity in the community by force or coercion or was unable to give consent.

To ensure compliance CCSP requires staff to complete the Pre-PREA Employee Questionnaire which is a self-evaluation conducted as a part of the employment process. Staff are required to sign the document acknowledging its accuracy and false information is grounds for termination.

Connections Policy 704, Prevention Planning, requires that, before hiring new employees, and before enlisting the services of contractors or anyone else who may contact with residents, the facility will perform a criminal background records check and 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. CCSP Human Resources completes the State of Delaware – State Bureau of Identification Check (Fingerprints), Checks, the State and National Child Protection Abuse Registry check, Complete Driver's History Checks, and completes a Drug Test on all employees. Fifteen of 15 personnel files, randomly selected for review, all contained the required background clearances and checks in compliance with policy and the PREA Standards.

Connections Policy 704, Prevention Planning, requires criminal history records checks every five years on all Chris Sturmfels Youth Center employees. However, five years criminal history records checks have not been completed because the facility/program has been operating for less than five years. There is a plan in place to conduct the required five years checks.

Policy 704, Prevention Planning, requires that material omissions regarding such sexual misconduct or the provision of materially false information are grounds for termination. Unless prohibited by law, the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving former employees, upon receiving a request from an institutional employer for whom such employee has applied to work. Employers seeking information regarding any substantiated allegations of sexual abuse or sexual harassment are required to complete a form entitled "service letter". This is a Delaware State mandate. After the facility receives the service letter information on previous employee is released.

#### Interviews:

Three Human Resources staff were interviewed at the central office in Wilmington, DE. These staff were all able to articulate the hiring process, including describing background investigations to include checks with the State and National Child Abuse Registry, fingerprints and driver's histories checks. Interviewed staff stated the facility considers prior incidents of sexual harassment or sexual abuse when considering whether to hire, promote or enlist the services of any contractor, volunteer or employee. They also stated that current employees who are charged with sexual harassment or sexual abuse are terminated, employment file tagged "no re-hire" and the administrative investigation placed in their employment file. Staff

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also related that staff have an affirmative duty to report any arrests for any reason to the company.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 704
- ✓ Pre-Audit Questionnaire, 115.217
- ✓ Employee PREA Employment Questionnaire
- ✓ State of Delaware – State Bureau of Identification Checks (Fingerprints)
- ✓ Delaware Code, Title 31, Chapter 3, Section 309 (A Check of FBI, SBI records)
- ✓ Department of Services for Children, Youth and Their Families (DSCYF) Records Check
- ✓ Child Protection Registry for a Substantiated Case of Abuse or Neglect
- ✓ Service Letter – State Provision 19 De. C 708

**Standard 115.318 Upgrades to facilities and technologies**

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

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**Summary:**

Connection’s Policy 704, Prevention Planning, requires that when planning new facilities, upgrading existing facilities, or when purchasing and deploying new video monitoring equipment, the company considers what effect these upgrades and/or purchases have on its ability to protect residents from sexual abuse. Chris Sturmfels Youth Center reported that there have been no substantial expansions or modifications to the existing facility. There were no upgrades with the cameras system.

**Interviews:**

An interview with the Facility Director and the Agency’s PREA Coordinator (also serving as the Agency Head’s Designee) indicated that sexual safety would always be considered in any upgrades or modifications to existing facilities. The Facility Director stated, in an interview, that she has identified the front entrance area, especially at the front door, as an area needing a camera or cameras.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 704
- ✓ Pre-Audit Questionnaire, 115.218
- ✓ Tour Observation

## Standard 115.321 Evidence protocol and forensic medical examinations

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

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### Summary:

Connections Community Support Program Policy 705 states that the agency will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence in criminal prosecutions and administrative proceedings. The PREA Coordinator is the PREA investigator. The PREA Coordinator will notify the local law enforcement authorities if the incident is criminal. The PREA Coordinator will conduct an administrative investigative review of the incident.

The CCSP Policy and Procedures 705 establishes a protocol that specifies actions to be taken on receiving a report of an allegation of sexual assault by a resident at Chris Sturmfels Youth Center. The facility is responsible for ensuring the resident/victim is transported to a Christiana Care Health Services (CCHS Christiana Hospital or CCHS Wilmington Hospital) Emergency Room. CCHS has forensic nurse examiners on duty in the Emergency Room at all times.

In addition, the State of Delaware PM 46 mandates employee (s) of residential facilities, or anyone who provides services to residents/clients of the facility, who have reasonable cause to believe that a resident/client has been assaulted shall:

1. Take actions to assure that the residents/client (s) will receive all necessary medical attention immediately, including calling "911" for transportation to the hospital, especially in the cases of assault, sexual assault, and serious physical injury. In the cases of sexual assault, a SANE examination should be completed at the hospital.
2. Take action to report all crimes to the police through the "911" call system. All victims of crimes must be offered the ability to access victim advocacy services, either through the police agency or other agencies. Victim advocates can be contacted by calling 1-800-VICTIM. The Delaware Helpline can provide advocate information and the YWCA of Delaware can provide confidential accompaniment to the hospital in cases of sexual assault.

Chris Sturmfels Youth Center has a MOU with the ContactLifeline and the Young Women's Christian Association (YWCA) for services in connection with reporting sexual abuse. YWCA operates its own rape crisis center. The rape crisis center of the YWCA will provide advocacy services for all CCSP facilities in the event of sexual assault. When a resident alleges penetration or rape they are immediately taken to one of two Christiana Care hospitals, where forensic nurse examiners are available 24/7 for evaluation of the residents. Hotline services for this county are provided by ContactLifeline and the YWCA.

### Interviews:

The Agency PREA Coordinator explained the process and protocol for evidence collection, forensic exams and for advocacy services. This process was consistent with the Connections Policy. The Facility Director indicated that the YWCA would be responsible for providing Advocacy Services.

### Reviewed Documentation to determine complete compliance:

- ✓ CCSP Policy and Procedure 705
- PREA Audit Report

- ✓ Pre-Audit Questionnaire, 115.221
- ✓ DHSS Policy Memorandum 46
- ✓ Letter to Christiana Care Health System Forensic Nurse Examiners – September 18, 2015
- ✓ Letter to Delaware State Police Troop 1 – September 18, 2015
- ✓ Letter to Chief of Police Paul M. Tiernan – September 18, 2015
- ✓ Letter to Contact Lifeline – Sexual Assault Network of Delaware (SAND) – September 18, 2015

**Standard 115.322 Policies to ensure referrals of allegations for investigations**

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

**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.**

**Summary:**

The facility staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the CCSP’s designated investigator (PREA Coordinator). The PREA Coordinator reports all cases to the local police department. The police and law enforcement will investigate allegations of sexual abuse and sexual harassment. The police department has authority over all allegations of criminal sexual abuse. Sexual allegations are investigated by the local Police Department. At Chris Sturfels the law enforcement agency is the Delaware State Police Unit.

**Interviews:**

The PREA Coordinator and Facility Director were able to articulate the investigative process. The process described is consistent with policy. Line/Direct Care Staff were very much aware of their responsibilities to report all allegations regardless of how they are received. They were less sure of who would be responsible for conducting investigations. A number of those interviewed indicated the PREA Coordinator was responsible for investigations while others stated law enforcement and several were aware that at this facility the Delaware State Police would be the agency to investigate criminal allegations.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 705
- ✓ CCSP Policy and Procedure 709
- ✓ Pre-Audit Questionnaire, 115.222
- ✓ Letter to Chief of Police Paul M. Tiernan – September 18, 2015
- ✓ DHSS Policy Memorandum 46

## Standard 115.331 Employee training

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

**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.**

### Summary:

CCSP Policy and Procedure 706, requires all employees to receive PREA training. The Agency PREA Coordinator provided the training to all staff. The facility provided Staff PREA Acknowledgement Statements for all employees. All PREA Acknowledgements were signed by the employees.

The Agency PREA Coordinator and this facility also use PREA posters and flyers as a part of the employee's training. CCSP has a system in place called "Paylocity." Paylocity is a website which allows employees to review agency's PREA Policies at any given time.

Employees who re assigned or transfer to a female only or male only site will receive additional training. Refresher training will be conducted every two years by the Director of Training.

PREA and PREA related posters were prominently displayed in multiple locations throughout this facility keeping PREA information continuously in the view of and accessible to staff, youth and visitors.

### Interviews:

Interviewed staff related that they had received PREA Training through a Power Point presentation and that the training was conducted by the Agency PREA Coordinator and another staff person. They stated they were also given the opportunity to ask questions and receive answers. When asked to relate the training topics covered and what they understood about PREA staff were able to articulate many of the items listed in the PREA Standards. When prompted they were able to remember even more than they initially reported. They were all aware of the importance of taking all allegations seriously regardless of how the report is received. They also were certain of their reporting process.

### Reviewed Documentation to determine complete compliance:

- ✓ CCSP Policy and Procedure 706 CC
- ✓ Pre-Audit Questionnaire, 115.231
- ✓ Staff PREA Acknowledgement Statements
- ✓ Posters and Flyers
- ✓ Paylocity Website

### Standard 115.332 Volunteer and contractor training

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

**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.**

#### Summary:

Chris Sturmfels Youth Center does not use volunteers and contractors as a part of facility operations. If the need arises to use volunteers, CCSP has a policy that will ensure that all volunteers, vendors, contractors, and others who have contact with residents are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

#### Interviews:

An interview with the Facility Director confirmed that the facility program does not presently utilize any volunteers, contractors or vendors, however, in the event they should use them in the future the Director was knowledgeable of the requirements for their PREA Training.

#### Reviewed Documentation to determine complete compliance:

- ✓ CCSP Policy and Procedure 706 CC
- ✓ Pre-Audit Questionnaire, 115.232

### Standard 115.333 Resident education

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

**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.**

#### Summary:

CCSP Policy and Procedure 706, requires all residents to receive PREA education. The Agency PREA Coordinator provided the initial educational sessions to all residents. The facility provided Resident PREA Acknowledgement Statements for all residents. PREA Acknowledgment Forms provide confirmation that a resident has watched the video entitled, PREA: What

You Need to Know and received “live” instruction about the Prison Rape Elimination Act including the Connections Zero Tolerance Policy, Youth’s rights to be free from sexual abuse, ways to report incidents of sexual abuse or harassment, the dynamics of sexual abuse and sexual harassment in detention facilities and how to avoid inappropriate relationship with staff and other youth. All PREA Acknowledgements were signed by the residents as documentation of resident participation. Education material including PREA Posters, was prominently posted on numerous walls throughout the facility and accessible to youth, staff and visitors. This saturation with PREA and sexual safety information provides continuous exposure to PREA, how to avoid situations and how to report as well as outside agencies for reporting and for advocacy services. The facility also uses brochures as a part of the resident education. Information was made available in both Spanish and English.

**Interviews:**

Interviewed youth related the manner with which PREA Information and Education was provided at Chris Sturmfels Youth Center. Youth reported they received information during orientation, through video and written materials. One youth reported the information was presented, but she did not listen. Youth were knowledgeable of multiple ways they could report sexual abuse and sexual harassment, internally and externally. The Intake Staff reported youth receive information in their orientation package on admission. She related that youth are provided the PREA Brochure initially.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 706 CC
- ✓ Pre-Audit Questionnaire, 115.233
- ✓ Resident Acknowledgment Statements
- ✓ Connections- To Report to an Outside Agency Flyer
- ✓ YWCA Hotline and Services Offers Flyer
- ✓ Connections – Reporting Sexual Abuse Flyer (English)
- ✓ Connections – Reporting Sexual Abuse Flyer (Spanish)
- ✓ PREA – Educational Boucher
- ✓ Chris Sturmfels Youth Center Zero Tolerance Brochure (English)
- ✓ Chris Sturmfels Youth Center Zero Tolerance Brochure (Spanish)
- ✓ Break the Silence Poster (English)
- ✓ Break the Silence Poster (Spanish)
- ✓ Tour Observation

**Standard 115.334 Specialized training: Investigations**

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

**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.**

**Summary:**

The agency PREA Coordinator serves as the PREA Investigator and has completed the PREA: Investigations for Sexual Assault PREA Audit Report

in a Confinement Setting offered by National Institute of Corrections (NIC).

In addition to the general training provided to all employees, the agency PREA investigator is mandated by the State of Delaware to complete the Policy Memorandum 46 (PM46) training, which includes investigators training guidelines. PM46 is specialized training required by the State of Delaware that provides investigators training in a range of critical occurrences, including crimes such as sexual abuse.

**Interviews:**

An interview with the PREA Coordinator, who also serves as a Connections PM-46 Investigator and PREA Investigator, confirmed he is very knowledgeable of investigative processes and procedures. Additionally he is knowledgeable and well versed in investigating sexual abuse and sexual harassment allegations. If the incident or allegation is sexual abuse Law Enforcement will conduct the criminal investigation while the PREA/PM-46 Investigator conducts an investigation as well but his involvement is parallel with the Law Enforcement and he states that he does not do anything to interfere with Law Enforcement's investigation nor does he involve himself in evidence collecting related to a criminal investigation.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 710
- ✓ Pre-Audit Questionnaire, 115.334
- ✓ Policy Memorandum 46 (PM-46) of State of Delaware
- ✓ National Institute of Corrections (NIC) Certificate of Completion

**Standard 115.335 Specialized training: Medical and mental health care**

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

**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.**

**Summary:**

The facility has one part-time medical staff, a Licensed Practical Nurse, whose primary responsibility is related to medications. She has completed the online course PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting offered by National Institute of Corrections (NIC). The facility does not have mental health staff on site. There are no physicians, physician assistants, nurse practitioners or registered nurses providing services at the center. Residents have access to and use personal physicians in the community. The youth also attend their own community schools and would have access to health care in the community.

**Interviews:**

An interview with the Licensed Practical Nurse (LPN) indicated her primary responsibility is medication. She related that there are no other Connections Medical Staff at the facility or who come to the facility. Youth have access to their own healthcare providers in the community. The LPN has completed the NIC specialized training for medical staff serving youth in

confinement facilities.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 710
- ✓ Pre-Audit Questionnaire, 115.235
- ✓ National Institute of Corrections (NIC) Certificate of Completion

**Standard 115.341 Screening for risk of victimization and abusiveness**

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

**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.**

**Summary:**

CCSP Policy and Procedure 707 requires all residents at the Chris Sturmfels Youth Center to be screened during intake, and periodically throughout a resident's detention, for their risk of being sexually abused, or being abusive toward other residents. The screening occurs within 24 hours of a resident's arrival, but no longer than 72 hours after arrival. CCSP utilizes two objective screening instruments for its assessments and the information is disseminated within the facility by the facility PREA Compliance Manager on a need to know basis. CCSP uses the Sexual Aggressor Assessment as the initial assessment tool. The secondary assessment tool for a 21 day review is termed the 21 Day/ Periodic Sexual Victimization Assessment. Both tools serve as indicators of sexual victimization and aggression.

**Interviews:**

An interview with the Intake Staff person, who is also responsible for administering the Sexual Aggressor Assessment, indicated that Connections utilizes a standardized screening format. She related that they use the sexual victimization assessment tool as well as the quick screening tool to assess a youth's risk for abusing or for being a victim. She reviews any available intake information provided to the facility, interviews the youth and reviews any information accessible through the database. This facility is small and housing decisions are limited inasmuch as all of the rooms are on a single hall however decisions about whether or not a youth can be "doubled up" with another resident are made as a result of the assessment process. More vulnerable youth could be housed closer to the multipurpose room and the security supervisor's office. Information is protected and shared only on a need to know basis.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 707 CC
- ✓ Pre-Audit Questionnaire, 115.241
- ✓ Indicators for Sexual Victimization
- ✓ Indicators for Sexual Aggression
- ✓ 21 day/Periodic Sexual Victimization Assessments

- ✓ 21 day/Periodic Sexual Aggressor Assessments
- ✓ Care Logic – Electronic Database

**Standard 115.342 Use of screening information**

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

**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.**

**Summary:**

CCSP requires the facility to use the Sexual Victimization and Sexual Aggression screening tool to impact decisions regarding housing, bed, program, education and work assignments for residents. The goal of screening youth for potential for being sexually aggressive or vulnerable to victimization is, of course, to keep all residents sexually safe.

The facility’s policy related to LGBTI youth is that if the facility receives a lesbian, gay, bisexual, transgender, or intersex resident they will not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor will the facility consider LGBTI residents as an indicator of likelihood of being sexually abusive. Transgender and Intersex resident’s assignments will take place on a case-by-case basis. Chris Sturmfels Youth Center typically has no occasion to impose involuntary segregated housing. This facility does not impose isolation as a disciplinary sanction for inappropriate behavior.

**Interviews:**

See PREA Standard 115.341 interview.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 707 CC
- ✓ Pre-Audit Questionnaire, 115.242
- ✓ Indicators for Sexual Victimization
- ✓ Indicators for Sexual Aggression
- ✓ 21 day/Periodic Sexual Victimization Assessments
- ✓ 21 day/Periodic Sexual Aggressor Assessments
- ✓ Care Logic – Electronic Database

### **Standard 115.351 Resident reporting**

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

**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.**

#### **Summary:**

CCSP Policy and Procedure 708 require multiple ways, internally and externally, for residents to report allegations of sexual abuse, sexual harassment or retaliation. These include telling a trusted staff member or any trusted adult, filing a grievance, and to contact a confidential victim advocacy organization to report abuse or sexual harassment anonymously. Contact Life Line is available by telephone to provide advocacy services when requested by a resident-victim. Counseling services at the advocacy center are available in both English and Spanish.

According to a MEMO from the CCSP PREA Coordinator, the facility provides a way for residents to report abuse or harassment outside of the facility by utilizing an Abuse Report Line 1 (800) 223-9074. These reports may be made anonymously. Prominently displayed notices provide residents yet another means of reporting outside the facility by providing the contact information for the Consumer Ombudsman. The Ombudsman is available to receive reports of sexual abuse and sexual harassment as well as other complaints the resident may have. Because these youth have access to the community by attending their own community school, they are able to make reports there as well. A PREA Box is available on a table close to the entrance into the facility. This box is provided to allow youth to file emergency grievances by placing it in the PREA Box. These grievances are processed expeditiously and in compliance with the PREA Standards for emergency grievances. The PREA Reporting Box is monitored by the PREA Compliance Manager. The PREA Compliance Manager will immediately report all allegations of sexual assault, rape, harassment, or retaliation to the PREA Coordinator for investigations. Additional Reporting methods include;

- Agency hotline (302-230-9105)
- Dedicated email address (PREA Reporting @connections.CSP.org)
- Write directly to the PREA Coordinator

Youth or staff needing to report allegations of retaliation for reporting sexual abuse will also employ the same reporting processes as identified for reporting sexual abuse.

This facility does not serve as a detention facility and consequently there are no residents ever admitted solely for civil immigration purpose through the court intake system.

#### **Interviews:**

All of the interviewed youth were able to articulate multiple ways of reporting both internally and externally. All of the youth stated they would tell the staff indicating that the youth had confidence in the staff. Youth related they would tell their parents and indicated they have access to them through visitation and the telephone. Youth indicated as well that they had access to their legal representatives and were aware, for the most part, of reporting through the use of the "hotline". They stated that posters throughout the facility gives them the information they need to make reports without impediment.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 708
- ✓ Pre-Audit Questionnaire, 115.251
- ✓ Memorandum of Understanding between CCSP and Contact Life Line
- ✓ Connections- To Report to an Outside Agency Flyer
- ✓ YWCA Hotline and Services Offers Flyer
- ✓ Connections – Reporting Sexual Abuse Flyer (English)
- ✓ Connections – Reporting Sexual Abuse Flyer (Spanish)
- ✓ PREA – Educational Boucher
- ✓ Chris Sturmfels Youth Center Zero Tolerance Brochure (English)
- ✓ Chris Sturmfels Youth Center Zero Tolerance Brochure (Spanish)
- ✓ Break the Silence Poster (English)
- ✓ Break the Silence Poster (Spanish)

**Standard 115.352 Exhaustion of administrative remedies**

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

**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.**

**Summary:**

CCSP Policy and Procedure 730 established a process by which complaints and grievances from residents can be handled confidentially by completing a Formal Grievance and Communication Form and placing it into a secure suggestion box located in the lobby area at Chris Sturmfels Youth Center. If a resident places a completed form relating to sexual abuse, it is not considered or treated as a typical grievance. It is treated as an “Emergency PREA Grievance”. All alleged PREA reports are handled immediately and forward to the Agency PREA Coordinator/Investigator for actions within the required timeframes. Youth are encouraged to place PREA related grievances in the “PREA Box” which is checked by the Facility PREA Compliance Manager. Instructions are provided at the location of the PREA Box.

CCSP does not require that a resident use an informal grievance process or otherwise attempt to resolve, with staff, an alleged incident of sexual abuse. There is no time limit on when a resident may submit a report regarding an allegation of sexual abuse.

**Interviews:**

Interviewed youth were aware of the “PREA Box” and indicated that if they had a PREA related grievance they would place it in the box. They also understood that “grievances’ were one means of reporting sexual abuse or sexual harassment.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 730

- ✓ CCSP Policy and Procedure 103
- ✓ Pre-Audit Questionnaire, 115.252
- ✓ Formal Grievance and Communication Forms

**Standard 115.353 Resident access to outside confidential support services**

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

**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.**

**Summary:**

CCSP Policy and Procedure 716 provides residents with access to outside victim advocates and/or a Rape Crisis organization for emotional support services related to sexual abuse. Chris Sturfels Youth Center has a Memorandum of Understanding (MOU) with ContactLifeline and the Young Women’s Christian Association (YWCA) for advocacy services. The YWCA and its rape crisis center provide services for all CCSP facilities in the event of a sexual assault. The advocacy services for the county are also provided by the YWCA. The YWCA also has a hotline. Outside services include but are not limited to the following:

1. Hospital accompaniment for an offender victim during the forensic medical examination process;
2. Investigatory interviews at the hospital;
3. Emotional support services;
4. Referrals to Connections Medical and mental health vendor staff; and
5. Follow-up advocacy services on request of the resident-victim are provided by the YWCA.
6. Follow-up phone conversations

The facility provides outside services to the residents by posting and making accessible mailing addresses and telephone numbers, including toll free hotline numbers, of local, State, and/or National Organizations providing advocacy and other sexual abuse related services. Residents of the facility have access to legal services and if they cannot afford an attorney they will be appointed a state attorney. Attorneys are permitted to call youth at the facility and youth are permitted to call their attorneys. Attorneys are permitted to visit youth at the facility and are provided space to meet with their clients in private and lastly they may correspond with their youth and their youth with them through privileged and confidential mail.

**Interviews:**

Interviewed youth were aware of services provided outside the facility for sexual abuse victims. They also knew some of the services these organizations provide. One youth related she did not know specifics but could refer to the posted numbers to make contact with the agencies. One youth was aware of the services the YWCA provided.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 716
- ✓ Pre-Audit Questionnaire, 115.253
- ✓ Memorandum of Understanding between CCSP and Contact Life Line

- ✓ Connections- To Report to an Outside Agency Flyer
- ✓ YWCA Hotline and Services Offers Flyer
- ✓ Connections – Reporting Sexual Abuse Flyer (English)
- ✓ Connections – Reporting Sexual Abuse Flyer (Spanish)
- ✓ PREA – Educational Boucher
- ✓ Chris Sturmfels Youth Center Zero Tolerance Brochure (English)
- ✓ Chris Sturmfels Youth Center Zero Tolerance Brochure(Spanish)
- ✓ Break the Silence Poster (English)
- ✓ Break the Silence Poster (Spanish)

**Standard 115.354 Third-party reporting**

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

**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.**

**Summary:**

CCSP Policy 708 establishes a method for staff and the agency to receive third-party reports of sexual abuse and sexual harassment and to distribute, publicly, information on how to report any allegations of sexual abuse and sexual harassment on behalf of a resident. The facility uses the State of Delaware online reporting process. The Agency PREA Coordinator has sent letters to local agencies informing them of the PREA Audit providing them a means to communicate ( by providing all contact information) any issues, concerns or allegations to the Certified PREA Auditor providing yet another means for third party reporting.

Anyone can report sexual abuse for any resident. Concerned citizens, teachers, friends and families can report sexual abuse to the facility, to the PREA Coordinator by email or reporting to the certified PREA Auditor. The PREA brochure is available to the public. Copies of PREA related brochures are also available at the intensive outpatient treatment center.

**Interviews:**

All of the interviewed youth were able to name third party reporters and were aware that they could make reports on their behalf. Interviewed staff were emphatic about their responsibility to take all allegations seriously and stated they would accept reports from third parties. They also related they would accept the report, immediately report it to their supervisor and take appropriate actions that would be taken as a result of any other allegation.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 708
- ✓ PREA Brochure
- ✓ Pre-Audit Questionnaire, 115.254
- ✓ Letter – Executive Director/Survivors of Abuse in Recovery (SOAR)
- ✓ Letter – CHILD, Inc.

- ✓ Letter – Delaware Center of Justice
- ✓ Letter – ACLU of Delaware
- ✓ Letter – ContactLife Line/Sexual Assault Network of Delaware (SAND)
- ✓ Letter – Christiana Care Health System/Forensic Nurse Examiners
- ✓ Letter – Chief of Newark Police Department
- ✓ Letter – Delaware State Police Troop 1 / Troop Commander

**Standard 115.361 Staff and agency reporting duties**

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

**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.**

**Summary:**

CCSP Policy and Procedure 709 requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility, to include retaliation against any resident or staff who reported such an incident. Reports must be completed and submitted within 72 hours.

The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Agency’s designated investigator (PREA Coordinator). Every Connections employee is obligated by law and/or policy to report any of the above circumstances, including sexual abuse which he or she observes or is told about and complete an incident form (cited from DHSS 46). The Department of Services for Children, Youth and Their Families Child Abuse/Neglect Mandatory Reporting Form must be completed by staff (Title 16, Delaware Code, Chapter 9, Subsections 901-914).

The facility uses the “Occurrence Report” for documenting all reports as well. All reports may be made without fear of retaliation. Employees who are not comfortable completing an “Occurrence Report Form or who fear retaliation for making a report, may report anonymously by calling 1-302-230-9105 or 1-302-984-3380, extension 105.

A General Event Report (GER) of any incident that occurs in a DHSS-funded program is entered into the system by the employee who observed or was involved in the incident. Reports of alleged incidents as defined in the Delaware DSCYF Reportable Events & Notification Procedures are made in accordance with those procedures. Assigned management staff will follow-up to ensure that an “Occurrence Form” is completed.

**Interviews:**

100% of the interviewed staff stated they were mandated reporters and that they have been trained to take all allegations, suspicions and reports seriously and report them immediately to their supervisor. They explained the reporting process and indicated that written reports had to be completed prior to the end of the shift. They were able, as well, to name ways they could report anonymously and privately.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 709
- ✓ CCSP Policy and Procedure 108, Occurrence Reporting is a systematic report for documentation
- ✓ Pre-Audit Questionnaire, 115.261
- ✓ PM-46 mentioned reporting duties 107/ Delaware Department of Health and Social Services. DHSS Policy Memorandum 46.
- ✓ Child Abuse/Neglect Mandatory Reporting Form
- ✓ Occurrence Reports
- ✓ Reportable Events Summary Report

**Standard 115.362 Agency protection duties**

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

**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.**

**Summary:**

When the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, residents are protected by suspending the alleged employee pending an investigation, removing the alleged perpetrator from working or residing on the premises with the victim and relocating the perpetrator and/or the victim from the program.

**Interviews:**

Interviewed staff related that they would take all suspicions, allegations, reports or knowledge of a resident being subject to a substantial risk of imminent sexual abuse seriously and would immediately take action to protect the resident. Staff stated they would separate the alleged potential victim from the alleged potential perpetrator and report the incident to their supervisor. They indicated they would keep the resident with them until a determination could be made about how to handle the situation. Administrative staff related they would suspend the alleged perpetrator if he/she was a staff while and until an investigation was completed and that if the allegations were substantiated, the presumptive action would be termination from employment. If the alleged perpetrator was another resident, the alleged perpetrator would be separated from the victim, relocated to another program or removed from the program. It was evident from the interviews that all staff would take the allegations seriously and that immediate actions would be taken to protect the potential alleged victim.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 709 CC
- ✓ Pre-Audit Questionnaire, 115.262

### Standard 115.363 Reporting to other confinement facilities

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

**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.**

#### Summary:

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the director or designee of Chris Sturmfels Youth Center will notify the director of the sending facility of the alleged allegation within 72 hours. The facility completes the Reportable Event Report and submits it and contacts the PREA Coordinator/ Investigator. The facility reports that they have not received any allegations of sexual abuse from youth while they were confined at another facility.

#### Interviews:

An interview with the Director of the Chris Sturmfels Youth Center indicated she would contact the director of the sending facility and notify him/her of the allegation. She would complete the required incident reports and make a report to her supervisor and the agency PREA Coordinator. She would also ensure that the incident is investigated.

#### Reviewed Documentation to determine complete compliance:

- ✓ CCSP Policy and Procedure 709
- ✓ Pre-Audit Questionnaire, 115.263
- ✓ Reportable Events Summary Report

### Standard 115.364 Staff first responder duties

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

**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.**

#### Summary:

CCSP Policy and Procedure requires all staff learning of an allegation that a resident was sexually abused to separate the alleged victim and the alleged abuser and preserve and protect the potential crime scene until appropriate steps can be

taken to collect any evidence.

The staff at this facility are very aware of the steps that should be taken to protect the alleged victim and to preserve evidence. Staff are aware how to preserve the crime scene to include collection of physical evidence from the victim and the abuser and to ensure that potential evidence on the victim and perpetrator as well as in the potential crime scene area is not compromised.

**Interviews:**

Interviews with both line staff and supervisory staff, as well as the facility director indicated staff are aware of their responsibilities as first responders. Staff generally stated they would separate the victim and alleged perpetrator, report the allegation or incident to their supervisor and ensure that no one comes into or exits the potential crime scene. While they mentioned protecting the crime scene they were not as articulate about what steps they would take to preserve evidence on the youth, including such things as requesting they not use the restroom, not allowing them to shower, bath or brush their teeth or change clothing. With prompting they were able to recall these elements.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 709
- ✓ Pre-Audit Questionnaire, 115.264
- ✓ Training Information

**Standard 115.365 Coordinated response**

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

**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.**

**Summary:**

CCSP Policy and Procedure 709 requires a written plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders. The agency PREA Coordinator provided the auditor with the coordinated response plan entitled, “Connections Coordinated Response to Any Sexual Assault Incident”. The Chris Sturfels Youth Center is a small facility with limited staffing on-site. For example, the facility utilizes a licensed practical nurse who works part time. There are no on-site mental or behavioral health staff or educational staff. Responsibilities are to take all allegations seriously and make appropriate reports, while separating the victim from the perpetrator and protect the crime scene and potential evidence. Youth victims of sexual abuse would be taken off site for a forensic exam at the local hospital. Advocacy Services are provided through the YWCA and activated upon receipt of a call. The facility has an MOU with the YWCA for the provision of these services. Local Law Enforcement is contacted. For this facility the local law enforcement is the Delaware State Patrol.

**Interviews:**

Interviewed staff were well aware of their responsibilities in a coordinated response plan.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 709
- ✓ Pre-Audit Questionnaire, 115.365
- ✓ Connections Coordinated Response to Any Sexual Assault Incident

**Standard 115.366 Preservation of ability to protect residents from contact with abusers**

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

**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.**

**Summary:**

This standard requires that neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or a determination as to what extent discipline is warranted. CCSP is not involved in “collective bargaining” with union employees.

**Interviews:**

An interview with the Director and PREA Coordinator confirmed that the facility is not involved in collective bargaining and employees at this facility are not union employees.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 717
- ✓ Pre-Audit Questionnaire, 115.266

**Standard 115.367 Agency protection against retaliation**

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

**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.**

**Summary:**

CCSP Policy and Procedure 781 establishes and requires protection for all residents and staff who report sexual abuse or sexual harassment and/or cooperate with sexual abuse or sexual harassment investigations from retaliation. The agency PREA Coordinator and the facility PREA Compliance Manager are designated as the retaliation monitors. In the event of a report of or an allegation of retaliation, the facility would employ multiple protection measures, such as changing rooms, removing residents from the program, and suspending staff. The facility has not experienced any incidences of retaliation in the past 12 months.

**Interviews:**

Interviews with the PREA Coordinator and the Facility PREA Compliance Manager indicated they are aware of the requirements of this standard. They also were able to articulate the range of actions they would take to protect anyone from retaliation for reporting sexual abuse. These described actions were consistent with the PREA Standard.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 718
- ✓ Pre-Audit Questionnaire, 115.267

**Standard 115.368 Post-allegation protective custody**

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

**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.**

**Summary:**

Connections Community Support Programs Policy 718 requires that any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse are to be subject to the requirements of Connections Policy 707. Chris Sturmfels Youth Center does not use segregated housing.

**Interviews:**

Interviews with the Facility Director and the Agency PREA Coordinator, as well as interviews with youth, confirmed that this facility does not utilize isolation or segregated housing to protect residents alleging sexual abuse or for disciplinary reasons.

**Reviewed Documentation to determine complete compliance:**

**Standard 115.371 Criminal and administrative agency investigations**

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

**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.**

**Summary:**

The facility staff reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the CCSP’s designated investigator (PREA Coordinator). The PREA Coordinator reports all cases to the local police department. The police and law enforcement will investigate allegations of sexual abuse and sexual harassment and has authority over all allegations of criminal sexual abuse. At Chris Sturmfels Youth Center, the law enforcement agency responsible for investigating criminal allegations of sexual abuse would be the Delaware State Police.

The Agency PREA investigator follows the DHSS Policy Memorandum 46 (PM46) guidelines. He reviews the initial incident report and initiates an investigation into the allegations contained in the report. The investigation, with a written report, are made within 24 hours, if the PREA Coordinator has reasonable cause to believe that the resident’s/client’s safety is in immediate danger for further assault or abuse. Otherwise, the investigation and written Investigation report will be completed in compliance with the agency policy. The investigative process is confidential and is not subject to disclosure pursuant to 24 Del. C., Section 1776 and because it is privileged under the governmental privilege for investigative files. Investigative Reports are labeled as confidential and privileged. All criminal incidents are reported directly to the local Law Enforcement agency.

If an incident occurred at Chris Sturmfels Youth Center, the administration would also notify any relevant and applicable licensing bodies.

**Interviews:**

An interview with the agency investigator, the PREA Coordinator and PM46 Investigator confirmed the investigative process. Although law enforcement would conduct criminal investigations, the PREA Coordinator would conduct his own investigation. He stressed however that he would, in no way, interfere with the law enforcement investigation. It was evident that the PREA Coordinator was knowledgeable of the investigative process. He also related that he completed the NIC Specialized Training for Investigators.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 711
- ✓ Pre-Audit Questionnaire, 115.271
- ✓ PM-46 mentioned reporting duties 107/ Delaware Department of Health and Social Services. DHSS Policy Memorandum 46.

**Standard 115.372 Evidentiary standard for administrative investigations**

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

**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.**

**Summary:**

The PREA Coordinator/Investigator is trained not to impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Interviews:**

The PREA Coordinator, in an interview, stated that he does not impose any standard of proof higher than a preponderance of the evidence.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 711
- ✓ Pre-Audit Questionnaire, 115.272

**Standard 115.373 Reporting to residents**

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

**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.**

**Summary:**

CCSP Policy and Procedure 719 establishes guidelines for reporting results of investigations to residents in all cases where sexual abuse has been alleged. Following an investigation into a resident’s allegation of sexual abuse that occurred in the facility, Connections will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the facility did not conduct the investigation, the PREA Coordinator/Investigator requests the results of the investigation from the investigative agency in order to inform the resident. All notifications or attempted notification are documented and placed in the resident file.

**Interviews:**

Although there have been no investigations requiring notification since the implementation of the PREA Policy, the PREA Coordinator confirmed that youth will be notified in writing of the results of the investigation when the results are provided to the facility.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 719
- ✓ Pre-Audit Questionnaire, 115.273

**Standard 115.376 Disciplinary sanctions for staff**

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

**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.**

**Summary:**

CCSP policy and procedure requires that staff shall be subject to disciplinary actions in the event an allegation of sexual abuse is confirmed. Staff of Connections Community Support Programs, Inc. are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff member who have engaged in sexual abuse.

If an incident occurred at Chris Sturmfels Youth Center, as applicable, relevant licensing bodies would be notified.

**Interviews:**

The Facility Director, PREA Coordinator and Human Resources staff stated in interviews that staff committing sexual abuse or sexual harassment would be disciplined and that the discipline would be presumed to be termination.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 720
- ✓ Pre-Audit Questionnaire, 115.276

### **Standard 115.377 Corrective action for contractors and volunteers**

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

**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.**

#### **Summary:**

Chris Sturmfels Youth Center does not employ volunteers or contractors.

#### **Interviews:**

Interviews with the PREA Coordinator, the Facility Director and Connections Human Resource Staff indicated that Chris Sturmfels does not utilize volunteers or contractors. The PREA Coordinator and Facility Director understood the requirements of the standard and would suspend services and contact with residents immediately and proceed with the investigation. The presumptive discipline would be termination of services.

#### **Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 720
- ✓ Pre-Audit Questionnaire, 115.277

### **Standard 115.378 Disciplinary sanctions for residents**

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

**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.**

#### **Summary:**

CCSP policy and procedures 720 indicates all residents will be subject to potential disciplinary action pursuant to a formal disciplinary process following an administrative finding. Staff indicated that there have been no incidents requiring disciplinary sanctions.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 720
- ✓ Pre-Audit Questionnaire, 115.278

**Standard 115.381 Medical and mental health screenings; history of sexual abuse**

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

**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.**

**Summary:**

CCSP Policy and Procedure 707 requires all residents at the Chris Sturmfels Youth Center to be screened during intake, and periodically throughout a resident's detention, for their risk of being sexually abused, or being abusive toward other residents. The screening occurs within 24 hours of a resident arrival, but no longer than 72 hours after arrival. CCSP utilizes no objective screening instruments for its assessments. Information, relevant to keeping residents safe is disseminated on a need to know basis within the facility by the facility PREA Compliance Manager. CCSP uses the Sexual Victimization Assessment as the initial assessment tool. The secondary assessment tool for a 21 day review is termed the 21 Day/ Periodic Sexual Victimization Assessment. Both tools serve as indicators of sexual victimization and aggression.

Supervision, housing, bedding and other assignments are made based on the information derived from the screening instrument. Bedding assignments are limited because all of the resident rooms are on the same hall however decisions can be made regarding whether or not a youth can be safely "doubled" or whether or not a resident needs to be placed in a room closer to the security office and commons area.

According to the Agency PREA Coordinator, the residents are already undergoing active counseling through the Office of Probation. If a resident comes into the program and reports any form of prior victimization, the facility will contact the resident's Probation Officer without delay to share the report and to make sure that the prior victimization is being addressed or will be addressed. Staff at the Youth Center work cohesively with the Department of Probation to see that all of a resident's mental health needs is met.

**Interviews:**

An interview with the Intake Staff who is also responsible for conducting the victimization screening indicated that the initial screening is conducted immediately upon admission. She stated the initial screening consists of a "quick screen" considering history of sexual abuse while incarcerated, prior victimization, vulnerability due to size, sexual orientation, offense, mental health issues, physical issues or disabilities and the potential for being victimized. She related the CCSP has a standardized screening format and that she utilizes the Sexual Victimization Assessment tool as well as the "quick screening" instrument.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 707 CC
- PREA Audit Report

- ✓ Pre-Audit Questionnaire, 115.241
- ✓ Indicators for Sexual Victimization
- ✓ Indicators for Sexual Aggression
- ✓ 21 day/Periodic Sexual Victimization Assessments
- ✓ 21 day/Periodic Sexual Aggressor Assessments
- ✓ Care Logic – Electronic Database

**Standard 115.382 Access to emergency medical and mental health services**

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

**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.**

**Summary:**

CCSP Policy and Procedure 726 requires that 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. The facility provides residents with access to victim advocates and/or a Rape Crisis organization for emotional support services related to sexual abuse. Chris Sturmfels Youth Center has a Memorandum of Understanding (MOU) with the Young Women’s Christian Association (YWCA) for advocacy services. YWCA is a part of a rape crisis center. The YWCA and the rape crisis center provide services to all CCSP facilities in the event of sexual assault. The YWCA also has a hotline that is accessible to youth in the facility.

The outside services include but are not limited to:

1. Hospital accompaniment for a resident victim during the forensic medical examination process;
2. Investigatory interviews at the hospital;
3. Emotional support services;
4. Referrals to Connections Medical and Mental Health Vendor staff; and
5. Follow-up advocacy services on request of the resident-victim are provided by the YWCA.
6. Follow-Up phone conversations

The facility provides accessibility to outside services for the residents by posting and making accessible mailing addresses and telephone members, including toll free hotline numbers of local, State, and/or National information. Treatment services are 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.

**Interviews:**

Interviewed youth were aware of the available outside resources and either knew who these organizations were or knew how to access them or knew that the information was posted throughout the facility.

**Reviewed Documentation to determine complete compliance:**

- ✓ Memorandum of Understanding between CCSP and Contact Life Line
- ✓ Connections- To Report to an Outside Agency Flyer
- ✓ YWCA Hotline and Services Offers Flyer
- ✓ Connections – Reporting Sexual Abuse Flyer (English)
- ✓ Connections – Reporting Sexual Abuse Flyer (Spanish)
- ✓ Break the Silence Poster (English)
- ✓ Break the Silence Poster (Spanish)
- ✓ CCSP Policy and Procedure 726
- ✓ Pre-Audit Questionnaire, 115.282

**Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers**

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

**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.**

**Summary:**

The facility encourages victims to continue their medical and medical health Care for sexual abuse through the Young Women's Christian Association (YWCA) for advocacy services to include emotional support services as required in standard 115.282.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 726
- ✓ Pre-Audit Questionnaire, 115.283
- ✓ Memorandum of Understanding between CCSP and Contact Life Line
- ✓ Connections- To Report to an Outside Agency Flyer
- ✓ YWCA Hotline and Services Offers Flyer
- ✓ Connections – Reporting Sexual Abuse Flyer (English)
- ✓ Connections – Reporting Sexual Abuse Flyer (Spanish)
- ✓ Break the Silence Poster (English)
- ✓ Break the Silence Poster (Spanish)

### Standard 115.386 Sexual abuse incident reviews

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

**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.**

#### Summary:

CCSP has a Sexual Abuse Incident Review Team that includes upper-level management officials at each facility. At the conclusion of sexual abuse investigations, including where an allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review team meets within 30 days at the conclusion of the investigation. When meeting the review team considers the requirements in the standards to determine needs to change policy or practice to better prevent, detect, or respond to sexual abuse.

During the last 12 months there have been no allegations of sexual abuse that occurred at Chris Sturmfels Youth Center.

#### Interviews:

Although there have been no allegations of sexual abuse in the past 12 months the facility director, in an interview, was able to articulate the requirements of the standard and of Connection's Policy.

#### Reviewed Documentation to determine complete compliance:

- ✓ CCSP Policy and Procedure 750
- ✓ Pre-Audit Questionnaire, 115.286

### Standard 115.387 Data collection

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

**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.**

#### Summary:

CCSP collects accurate, uniform data for every allegation of sexual abuse using the Reportable Events Summary Report and

the Occurrence Report. Policy 702, outlines the PREA Definitions as used by CCSP to investigate and educate staff and residents on sexual abuse and sexual harassment as defined in PREA standard 115.6 Definitions related to sexual abuse. Review of the data collection forms include at a minimum the data necessary to answer all questions from the most recent version of the Survey of Sexual abuse incident reviews required by State Agencies. The facility provides required data to include the previous calendar year to the contracted State Agency.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 750
- ✓ CCSP Policy and Procedure 702
- ✓ Pre-Audit Questionnaire, 115.287
- ✓ Occurrence Reports
- ✓ Reportable Events Summary Report

**Standard 115.388 Data review for corrective action**

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

**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.**

**Summary:**

CCSP reviews data collected pursuant to standard 115.288 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and additional training. The facility submits data to the state agency as a part of the state annual report of its findings and any corrective actions for the facility. The facility data in the future will be used to include a comparison of the current year’s statistics. The facility redacted information on specific materials, threat to the safety and security of the facility.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 750
- ✓ Pre-Audit Questionnaire, 115.288
- ✓ Review State Annual Report

**Standard 115.389 Data storage, publication, and destruction**

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

**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.**

**Summary:**

CCSP Policy and Procedure 750 establishes the Data Storage procedures and process, which ensures that sexual abuse data is securely retained. The facility submits data to the state agency as a part of the state annual report of its findings and any corrective actions for the facility. The State Agency is required to post its annual report on the state website for public reviewing. Policy requires that the facility will maintain data collected for at least 10 years after the date of the initial incident.

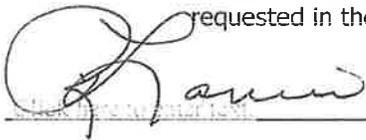
**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 750
- ✓ Pre-Audit Questionnaire, 115.289
- ✓ Review State Annual Report

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Signature



Date

**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.**

**Summary:**

CCSP Policy and Procedure 750 establishes the Data Storage procedures and process, which ensures that sexual abuse data is securely retained. The facility submits data to the state agency as a part of the state annual report of its findings and any corrective actions for the facility. The State Agency is required to post its annual report on the state website for public reviewing. Policy requires that the facility will maintain data collected for at least 10 years after the date of the initial incident.

**Reviewed Documentation to determine complete compliance:**

- ✓ CCSP Policy and Procedure 750
- ✓ Pre-Audit Questionnaire, 115.289
- ✓ Review State Annual Report

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

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Auditor Signature

Date

