

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: August 1, 2016

Auditor Information			
Auditor name: Robert G. Lanier			
Address: 1825 Donald James Road, Blackshear, Georgia 31516			
Email: robrunsslow@gmail.com			
Telephone number: 912-281-1525			
Date of facility visit: February 29, 2016			
Facility Information			
Facility name: People's Place RAD Milford			
Facility physical address: 908 N. Church St. Miford DE 19963			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 302-422-7025			
The facility is:	<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		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Shelley Strain			
Number of staff assigned to the facility in the last 12 months: 30			
Designed facility capacity: 10			
Current population of facility: 8			
Facility security levels/inmate custody levels: Non-Secure Community Residential Facility			
Age range of the population: 10 - 18			
Name of PREA Compliance Manager: Robert Palmer		Title: Program Director	
Email address: rpalmer@peoplesplace2.com		Telephone number: 302-422-7025	
Agency Information			
Name of agency: People's Place			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1129 Airport Rd. Milford DE 19963			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 302-422-8033			
Agency Chief Executive Officer			
Name: Del Failing		Title: Executive Director	
Email address: dfailing@peoplesplace2.com		Telephone number: 302-422-8033	
Agency-Wide PREA Coordinator			
Name: Shelley Strain		Title: Program Specialist	
Email address: sstrain@peoplesplace2.com		Telephone number: 302-422-8033	

AUDIT FINDINGS

NARRATIVE

The audit of the People's Place Residential Alternative to Detention (RAD) program in Milford, Delaware was conducted by Diversified Correctional Services, LLC. Certified PREA Auditors on February 29, 2016. Prior to the audit on February 29, 2016, the auditor began communicating with the agency's PREA Coordinator in November 2015 to discuss the PREA Audit and issues of concern or that needed clarification. On-going emails established a dialogue about PREA, the Standards and the audit process. The Agency was anticipating they would be audited under Community Confinement Standards however since the facility is a juvenile facility the only applicable standards are those for Juvenile Confinement Facilities.

The Notice of PREA Audit, with contact information was forwarded to People's Place for posting, 55 days prior to the on-site audit. The facility posted the Notices throughout the program to ensure access by staff, residents, visitors and contractors. The auditor did not receive any communications or correspondence from any resident, family member, staff or visitor to the facility.

The audit team arrived at the facility located in Milford, Delaware at approximately 6:30AM to interview overnight staff prior to their departure. The auditors were met by the Agency PREA Coordinator and the Program's Manager. The audit process was discussed and interviews commenced thereafter. The tour was delayed to defer to staff needing to depart the program on time.

Following these interviews one of the auditors was stationed in a separate building housing offices and a classroom. Interviews were conducted in private.

A tour of the facility was conducted and cameras were observed located in various areas that had been previously identified as blind spots.

People's Place Residential Alternative Facility/Program consists of a 5-bedroom house and a separate modular classroom. The classroom consists of two bathrooms, one office for the Director and the classroom. There are cameras in the Director's office and the classroom.

The house consists of an entryway with a laundry room off to the side, a dining room, kitchen, living room, front foyer and a locked office/medication rooms. There is one-bedroom downstairs with three beds. The downstairs bedroom has a $\frac{3}{4}$ bath and there is $\frac{1}{2}$ bat off of the kitchen. There are cameras in the kitchen, living room, dining room and office/medication room. Upstairs there are 4 bedrooms, three with two beds and one with one bed. There are cameras on the steps and in the hallways. Additionally, there are cameras outside to view the common outdoor activity area.

The kitchen area had a camera however there was a blind spot and staff related that the blind spot corrected by staff repositioning themselves and having direct line of sight supervision while youth are in the room. A solid door at the laundry room, although secured, needs a sign limiting access and should be one of the areas checked during the unannounced rounds. Staff reported that the overnight shift are required to check the youth every 30 minutes. There are no cameras in the bedrooms. The education building has three cameras, including one in the office. There were some solid doors out of view of the camera. It was suggested that staff may want to consider placing signs on them restricting access to authorized staff only.

Following the tour the audit continued and additional interviews with staff and residents continued.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Residential Alternative to Detention Programs operated by People's Place are trauma-informed, residential programs for males and females who have been arrested and are awaiting a court date. The youth live in a structured setting, monitored by around the clock staff, and attend mandatory Conflict Resolution and Anger Management courses, provided by People's Place, Inc. The program encourages the development of life skills by assigning residents chores and making sure they help keep the programs orderly and sanitary. In addition to transporting residents to and from court, a discharge summary is made available to interested parties. This summary will contain recommendation regarding sentencing and placement to the courts, as well as observations and notes about the youth's stay with the program.

While in the program residents will be exposed to a curriculum based on the Sanctuary Institute's Model for trauma informed care, including talking about emotions and safely managing emotions, goal setting and opening lines of communication with staff, peers and parents. Each Friday from 12:00 Noon to 4:00PM all residents may participate in a field trip based on behavior.

The Milford Residential Alternative to Detention Program is a staff secure facility with a designed capacity of ten residents, either male or female, between the ages of 8 and 18. The average length of stay is 24 days. Youth in this program attend public schools if eligible. A special education teacher, provided by the local school district is on site as well to provide services for youth in need of those services. Awake staff are on duty to provide supervision of the youth. The total staffing for the Milford RAD on the day of the audit was 16.

SUMMARY OF AUDIT FINDINGS

The approach to the audit process was explained. To determine a rating for a specific standard the auditors reviewed the Pre-Audit Questionnaire as well as policies and procedures and any other supporting documentation provided on the flash drive to become familiar with the program and the policies governing it; reviewed information that had been requested following the PAQ/Flash Drive review; clarified any outstanding concerns or issues and interviewed staff and residents of the facility to assess not only the knowledge and understanding they had about specific PREA related issues and questions but also to confirm practices. Each standard was reviewed and an assessment was based on the verbiage of each standard. Because these facilities/programs are so small virtually all of the staff on duty from overnight through the second shift were interviewed and also the numbers of residents who could be interviewed was predicated upon those who were on-site at during the audit. The facility is an Alternative to Detention and the populations vary greatly from day to day. The maximum population is ten and on any given day they population may be lower than that. This facility is not a treatment facility because the youth detained here may not have been adjudicated for any offense and are just being detained in a much less secure environment while they await court. There are no medical or mental health staff on site. Medical and Mental Health Services would be provided in the community. The facility does have a special education teacher provided by the local school district. Her certification is in special education.

People's Place was still in the implementation phase at both programs and a number of standards were found to be non-compliant as a result. In collaboration with the PREA Coordinator a corrective action plan was developed to achieve compliance. Communications continued from March 2016 through July 2016 to allow the facility time to get processes in place and to be able to demonstrate that the procedures had become institutionalized. An interim report was not issued but items to be implemented were documented for the facility and again, communications back and to with the PREA Coordinator facilitated the on-going process. Items not compliance included the following and as a result the auditor requested on an ongoing basis, the following documentation. The PREA Coordinator was responsive in the process. The Corrective Action was completed July 31, 2016.

The facility entered into a corrective action plan to address the following issues:

1. Intermediate or higher level rounds are not being documented consistently.

Response: The Auditor provided suggested forms for documenting unannounced rounds.

The Facility provided examples of unannounced rounds being conducted during non-traditional work hours. This information was provided in July 2016.

2. The Program does not have access to interpretive services apart from those that might be accessed through the school system however there was no plan for accessing these or documenting when those staff might be available.

Response: The PREA Coordinator provided a MOU with Language Line. This was provided in July 2016.

3. The program was not screening any of the residents for risk of victimization or abusiveness.

Response: The auditor provided an example of a screening instrument staff might consider using. The PREA Coordinator forwarded an example of a screening instrument she was now using and multiple examples were provided documenting that the program is now screening for victimization. The facility also provided their plan for using this information to protect residents. Youth identified as high risk will be placed in a single room if possible. If a single room is not available, youth will be placed in a room nearest to staff or a request to operate at a capacity of nine youth instead of 10 will be made to Youth Rehabilitative Services. The determination will be made on a case by case basis. Additionally, the youth's workers will be made aware of the youth's assessment outcome to assist them in making appropriate decisions regarding the youth's future placements.

4. The grievance process did not address all of the requirements of the PREA Standards.

Response: The PREA Coordinator revised the Grievance Policy and addressed the missing items. This updated Grievance Policy was provided in July 2016.

5. The facility had first responder duties but did not have a facility specific coordinated response plan.

Response: The facility provided a Coordinated Response Plan that addresses the actions for First Responders, Program Director or Program Specialist. It also addresses the Sexual Abuse Coordinated Team Members. This information was provided in July 2016.

6. The PREA Policy did not address retaliation.

Response: The PREA Policy was revised and includes information related to retaliation monitoring. This information was provided in July 2016.

41 Standards were reviewed and 41 standards are now rated as “meets” the standard.

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.

People’s Place Residential Alternative to Detention (RAD) Prison Rape Elimination Act (PREA) Policy, dated 1/29/2016 mandates a Zero Tolerance for any type of sexual activity, including sexual harassment in facilities it operates. The policy outlines the agencies approach to preventing, detecting and responding to sexual abuse and sexual harassment. The definitions contained in the policy are consistent with the PREA definitions. They include definitions of prohibited behaviors regarding sexual abuse and sexual harassment. RAD policies also provide for an agency PREA Coordinator whose responsibilities include but are not limited to developing, implementing and overseeing the agencies efforts to comply with PREA Standards in all of its facilities. The agency provided an organizational chart indicating that the place of the Agency PREA Coordinator in the organizational structure. The PREA Coordinator reports directly to the Chief Executive Officer or People’s Place. Each facility director has been designated in policy as the PREA Compliance Manager who reports to the PREA Coordinator. The roles of the PREA Compliance Manager described in the People’s Place PREA Policy are to ensure PREA Compliance operationally and to ensure readiness for all PREA related standards. The PREA Coordinator provided a Memo dated January 25, 2016, designating the Program Manager, Milford RAD, as the PREA Compliance Manager for that facility. It also indicates that the PREA Compliance Manager has sufficient time and authority to coordinate the facilities efforts to comply with PREA Standards.

The facility Programs Specialist provided a memo confirming that all newly admitted youth are provided information upon intake explaining the zero tolerance policy and how to report sexual abuse and sexual harassment and if the resident is still in the program for at least 10 days he/she is provided PREA education as required.

The Agency PREA Coordinator is a very knowledgeable and energetic individual who knows and understands PREA. She related that she has been given sufficient time and authority to do whatever it takes to implement the PREA Standards and to ensure that through policy and practice they are implemented and adhered to. The Agency PREA Coordinator supervises the two Residential Alternative to Detention Programs and supervises the two Directors, whom she has also designated as the facility PREA Compliance Managers. An interview with the PREA Compliance Managers at the Milford RAD Program and acting Program Director Designee at Townsend RAD indicated that they are likewise enthusiastic individuals who are eager to comply with the PREA Standards. They related that they receive great support from their supervisors and are provided the time and authority to implement the PREA Policy and PREA Standards in his facility.

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.

The People’s Place Residential Alternative to Detention Programs in Milford, Delaware and in Townsend, Delaware are contracted by the State of Delaware Youth Rehabilitation Services/Office of Childcare Licensing. People’s Place itself does not contract with other entities for the confinement of youth. The reviewed contract between People’s Place and the State of Delaware, Department of Services for Children, Youth and Their Families requires compliance with PREA. Article I – Duties of the Parties, Section B. Duties of the Contractor, Paragraph 3. Requires the contractor to comply with all applicable State and Federal licensing standards and all other applicable standards as required by the contract. Paragraph 3a. Compliance with Operating Guidelines refers to the contractor to abide by the Department’s Operating Guidelines and in accordance with procedures delineated on www.kids.delaware.gov/click Contracts/RFPs/Reporting.

An interview with the Delaware Department of Services for Children, Youth and Their Families contract manager, related that all contracts for the confinement of youth require compliance with PREA. She related that the documentation of that in the contract is contained in the “Operating Guidelines” with the link to www.kids.delaware.gov. She also indicated that the agency monitors the contract performance through “Tracking Sheets” with updates. The agencies Child Care Licensing Unit also monitors the People’s Place Residential Alternative to Detention Programs as well for compliance with the Child Care Licensing Standards.

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)

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.

Milford Avg Pop = 7 per day Staff = 16
Townsend = 8 per day Staff = 11

Staffing at the Milford and Townsend Residential Alternative to Detention Programs is predicated upon a maximum population of 10 residents. Because both facilities are Licensed by the Delaware Department of Services for Children, Youth and Their Families Licensing Unit, each facility must comply with ratios of 1 staff to 5 youth during awake hours and 1:10 during sleeping hours. Therefore, the licensing agency sets the ratio requirements for the facility. These ratios will exceed the standards requirements that will be in effect in 2017. The People’s Place Residential Alternative to Detention Programs PREA Policy V. Standards, Paragraph E. states that it is the responsibility of the program administration, supervisors and all staff to maintain facility staff to youth ratios in accordance with facility policies (1 staff to 5 youth when youth are awake and 1 staff to 10 youth when youth are sleeping). The RAD Policies by Location, General, States that if more than 5 youth are on site, two staff must be on site. Violations of this rule should be immediately reported to the Program Director/Manager. It further states that a ratio of 1:10 may occur while youth are asleep. Documentation provided by the facility indicated that the facility did not deviate from the staffing ratios at any time in the past 12 months. Staff not included in the ratios are the teachers who are provided by the State Department of Education. If there was a deviation from the staffing plan it would be

documented in the logbook. Observed staffing during the audit period were in compliance with the required staff to youth ratios. The PREA Coordinator who also supervises both Milford RAD and Townsend RAD stated she checks for compliance with the staffing plan by reviewing time sheets, reviewing logbooks and video footage. She related that she has the ability to “roll back” camera footage to review staffing. She stated that staffing ratios are established by the Licensing Agency and that teachers cannot be included in the staffing ratios inasmuch as they are provided through the State Department of Education, Local School Board.

Video Cameras are located in various locations in the main house and the education building. There is no camera at the entrance to the facility. Cameras are located in the dining room and kitchen however staff have identified a blind spot that is corrected, according to the director, by repositioning staff. The director related that unless youth are in their bedrooms they are kept under line of sight supervision by staff. During the period of the audit, youth were always observed within line of sight supervision by staff. The living room has two cameras. There is a stairway off from the medical room that goes down to a basement. Upstairs there is a camera and next to bedroom 3 and 4 there is a camera in the hallway, not in the youth’s rooms. There is a solid door at the laundry room and the door to the basement that need signs indicating these areas are off limits to youth, authorized staff only. Keys to these areas should be restricted as well. Other solid doors not listed in this report should also have signs placed on them restricting access to authorized staff only.

People’s Place Residential Alternative to Detention Programs PREA Policy requires the Program Manager, Program Director or Program Specialist to make unannounced rounds at least once a month on each shift. Although unannounced rounds are not formally documented interviews with staff and youth confirmed that unannounced rounds are being conducted.

As a part of the corrective action the facility provided a sample of unannounced rounds for review documenting where rounds were conducted as well as when. Rounds were documented after normal business hours at least monthly.

Both facilities have cameras located strategically throughout the house. These record events and clips can be downloaded in the event of a special incident. Video footage, according to the PREA Coordinator remains available for 21 days. The PREA Coordinator and Program Directors also have the ability to review cameras on their laptops.

The Program Director/PREA Coordinator and the Director of the Milford RAD related in interviews that the staffing in the Residential Alternative to Detention Programs is predicated upon the requirements of the licensing body, the Department of Services for Children, Youth and Their Families, Office of Childcare Licensing. Those requirements are 1:5 during awake hours and 1:10 during sleeping hours. All staff are included in the ratios with the exception of the teachers, who are provided by the Delaware Department of Education. Interviews with both Program Directors (Milford and Townsend) indicated that the required ratios are always maintained. The Program Director indicated that she has the ability to monitor staff and youth on her laptop. Interviews with youth and staff indicated that staffing ratios are consistently maintained.

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.

People’s Place Residential Alternative to Detention (RAD) Policies prohibit staff from touching youth during any searches.

Policy reminds staff, “Staff are not permitted to touch the resident”. RAD policy requires questions regarding contraband to be asked followed by a “wand” search. The RAD Search Policy requires “no contact search” and describes in detail how youth are to be searched in both of these facilities. The Pre-Audit Questionnaire documented that there have been no cross gender searches conducted in the past twelve months. Because the agency prohibits touching youth and clearly strip and body cavity searches are prohibited, staff do not search transgender or intersex youth for the sole purpose of determining their genital status. The PAQ and interviews with staff confirmed that there have been no searches of transgender or intersex youth nor have there been any pat down searches involving touching youth or any strip or body cavity searches. People’s Place shower policy requires supervision by staff of the same gender when possible and youth showering one at the time are given privacy by staff and are not viewed. Youth come out of their rooms fully clothed, shower in privacy and return to the rooms fully clothed. Youth are not viewed while showering, dressing or using the restroom.

Interviews with all staff and all youth confirmed that the Residential Alternative to Detention Programs are “no touch” search facilities. Youth reported they had never seen a “frisk” search conducted on any youth in the facility nor had they ever experienced any searches other than “no touch” as described in the RAD Policy. Interviewed staff explained the search process and their descriptions of those searches was consistent with the RAD Search Policy.

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.

The reviewed Residential Alternative to Detention PREA Policy, section V. D requires that all youth with disabilities or who are limited English Proficient shall have equal opportunity to participate in and benefit from the facilities efforts to prevent and detect sexual abuse. The facility has a Special Education Teacher provided by the Delaware Department of Education. This staff is available to provide any assistance for any disabled youth under the IDEA (Individuals with Disabilities Education Act). The teacher provided a memo dated February 29, 2016 stating the teacher can access resource including such things as translators, equipment and individualized teacher assistance. The facility had a list of vendors who provide interpretive services including sign language, back to basics and a host of other interpretive services however these required prior notification to be able to provide the services. If possible the facility should attempt to secure MOU’s with interpretive services that are able to provide services more expeditiously to disabled youth or youth who are limited English Proficient. The Facility provided a Memo dated March 1, 2016 stating that the Milford Residential Alternative to Detention Program at Milford and the Alternative to Detention Program in Townsend have not had any disabled youth, youth requiring special services or youth who are limited English Proficient during the past 12 months.

During the corrective action period the agency established an account with Language Line for the provision of professional interpretive services.

Interviews with the Milford RAD Director and the PREA Coordinator confirmed that the Milford RAD has not had any disabled youth or Limited English Proficient youth admitted to the facility during the past twelve months. The Special Education Teacher at Milford, in an interview, related the services that she can access through the local school system. She also related that over a year ago the facility had a visually impaired youth and she was able to secure equipment through the local school system to enable the youth to fully participate in programming at the facility. She stated that she would also

have access to interpreters for the hearing impaired as well as equipment, for the visually impaired and for youth who were unable to understand the processes as well as translators for Limited English Proficient Youth. None of the interviewed youth were limited English Proficient nor did they require any specialized assistance as a result of a disability that prevented them from having full access to the facility's efforts in prevention, detecting, responding and reporting sexual abuse and sexual harassment.

The Agency has developed procedures for both facilities to be able to access interpretive services through Language Line.

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)

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.

The PREA Coordinator provided a Memo dated March 1, 2016 stating, certifying and confirming that all employees, full, part time, contractors, interns and volunteers have completed background clearances checks, including checks of the child abuse registry prior to employment and/or services as required. The Human Resources staff at the central office of the agency process all background checks.

Seventeen files, representing staff at Milford and at Townsend were reviewed to determine if the staff had completed background clearances. All of the reviewed files contained documentation of background clearances.

The hiring process is comprehensive. When an individual applies for a position and the facility is interested in interviewing the individual, a driver's history review is conducted. After that, the prospective employee comes in for an orientation with the human resources staff and is given an offer letter that is not binding but contingent upon everything that is required being satisfied. At this point the applicant completes the disclosure form and is given a Fingerprint Consent Form and a criminal history form. This information is taken by the applicant to the Delaware State Policy who run the criminal history and check the child abuse registry. An adult child abuse registry is conducted and "run" in house at the People's Place Corporate Officer. The Delaware Youth Rehabilitation Services is responsible for approving the applicant to be hired based on the results of all the background checks.

People's Place policy also states that material omissions of sexual misconduct or the provision of materially false information regarding sexual misconduct shall be subject to disciplinary action, up to and including termination.

Interviews with the human resources staff at the corporate office confirmed the hiring process. The process they described was comprehensive and complete. Interviews with the PREA Coordinator indicated that all People's Place Staff at both the Milford and Townsend Facilities had background clearances prior to reporting for work. Interviews with staff at both Milford and Townsend confirmed that they all had undergone a background clearance and check prior to employment.

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)

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.

The PREA Coordinator provided a Memo dated March 1, 2016 stating that there have been no upgrades to the facility or to video or other monitoring technology in the past twelve months.

An interview with the Program Manager at Milford and the staff standing in for the Program Manager at Townsend indicated that they are both very knowledgeable of the video camera surveillance system and the coverage that it provides. Video footage is recorded and available for 21 days. They were aware of the blind spots and where they would like to see additional cameras. Both of them stated, in interviews, that there have been no upgrades to the facility and technology within the past 12 months.

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)

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.

The Pre-Audit Questionnaire identified the Delaware Office of Child Care Licensing as the agency responsible for conducting investigations. If the allegations were criminal the local law enforcement would also be called to conduct the investigation. The law enforcement agency responsible for investigating is the Delaware State Police. When an allegation of sexual abuse is received staff are expected to call the Delaware Office of Child Care Licensing and the Delaware State Police to investigate. If a youth alleged sexual abuse, forensic exams and services, including advocacy services, are available through the Kent General Hospital. A Forensic Nurse Examiner would be provided. The victim would be treated for injuries, provided prophylaxis for STDs, HIV Testing and other services in addition to the forensic exam. The hospital would also contact “Contact Life Line” to secure an advocate to meet the youth at the hospital. The Program Director at the Milford Residential Alternative to Detention is qualified by his education to perform advocacy services in the absence of a trained advocate. The PREA Coordinator provided a Memo dated March 1, 2016 stating that the facility has not received any allegations of sexual abuse in the past 12 months

The auditor was able to interview forensic examiners in two locations serving both facilities. Interviews and reviewed Memoranda of Understanding with Christiana Hospital and Contact Life Line confirmed services available to deal with sexual abuse if it occurred. Interviews with the Milford RAD Program Director and the acting Director of the Townsend Program confirmed that in the event an allegation of sexual abuse is made the facility would contact the Delaware Office of Child Care Licensing and the Delaware State Police. This was also confirmed in interviews with the Agency PREA Coordinator. Interviews with the Forensic Nurse Examiners at the Kent General Hospital in Dover, Delaware and at Christiana Hospital in

Newark, Delaware confirmed that Forensic Nurse Examiners (FNEs) are available at both locations. The services were essentially the same however the FNE at Christiana Hospital in Newark, Delaware stated she would contact the Sexual Assault Response Center in Newark to secure an advocate for the victim.

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.

People’s Place Residential Alternative to Detention Prison Rape Elimination Act (PREA) Policy V, Standards, Paragraph I requires that staff, upon learning of an allegation that a youth was sexually abused, the first staff member to respond to the report shall immediately implement People’s Place RAD procedures for responding to an allegation of sexual abuse. Section VI, Procedures, of that same document, Paragraph D.5 requires immediate response with verbal reports documented in writing to the Program Director and Program Specialist within six hours of the report being received. Paragraph E, Reporting an allegation of sexual abuse or sexual harassment, Subparagraph 1-4 requires immediate reporting to the Program Director or designee, reporting to the Child Abuse Hotline, to appropriate law enforcement agencies and to the Youth Rehabilitative Services in compliance with the Reportable Event Guidelines. People’s Place also requires staff to read and acknowledge that they understand their responsibility to report suspected or actual child abuse or neglect to their supervisor and the Division of Family Services. The hotline number for reporting is provided. This document covers Mandatory Reporting of Child Abuse or Neglect in compliance with State Law.

Because the Program Specialist would conduct administrative investigations for the agency, it was recommended that she complete the NIC On-Line course for investigating sexual abuse in confinement settings. It should be noted too that the Delaware Office of Child Care Licensing would be conducting an investigation into allegations of sexual abuse and sexual harassment as well.

During the corrective action period the PREA Coordinator who also serves the company as the Company’s Program Specialist, provided documentation that she has completed the National Institute of Corrections specialized training for investigators entitled PREA: Investigating Sexual Abuse in a Confinement Setting. The date on the certificate was July 13, 2016. The Program Director at Milford also completed the NIC Specialized Training for Investigating Sexual Abuse in confinement settings. The certificate is dated July 13, 2016.

The PREA Coordinator provided a Memo dated March 1, 2016 stating the facility has not received any allegations of sexual abuse or sexual harassment in the past 12 months. The reviewed annual report documented zero allegations of sexual assault/abuse or sexual harassment in 2015 and up through now in 2016.

Interviews with staff at Milford and Townsend confirmed that they are well aware of their status as Mandatory Reporters. Additionally, every interviewed staff related they would immediately report any suspicion, allegation, knowledge or report of sexual abuse to their supervisor and to the Hotline as well as to the Delaware State Police. Interviews with administrative staff indicated that reports to the Hotline would also result in the Office of Child Care Licensing being notified. Child Care Licensing staff would also investigate the reports. There have been no allegations to report but staff are knowledgeable of reporting requirements and to whom they would report.

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.

Documentation was provided to confirm that staff at the Milford and Townsend residential Alternative to Detention Programs received 3 hours of PREA Training. Multiple examples of signed acknowledgements and Certificates of Completion of PREA Training documented the training. Interviewed staff were able to articulate the training they received and were knowledgeable of the Zero Tolerance Policy, reporting requirements and their roles as first responders. The Agency PREA Coordinator provided a Memo dated March 1, 2016 stating that the People’s Place PREA Training minimally consists of the 11 topics required by the PREA Standards and employees document through their signatures that they understand the training they have received. Another Memo dated March 1, 2016, from the PREA Coordinator confirmed that all employees have completed their required training and signed acknowledgments confirming their training.

The Program Director’s indicated, in their interviews, that staff received training in new employee orientation, in a three-hour block provided by the PREA Coordinator and refresher every other month with staff during staff meetings. Interviewed staff at both Milford and Townsend consistently were able to identify and discuss the PREA Training they had received. They were able to articulate topics covered in the training and were especially knowledgeable of the agency’s Zero Tolerance Policy, the need to take every allegation, suspicion, knowledge or report of sexual abuse seriously, ways to report and their roles and responsibilities as first responders. They also consistently stated they are trained in “boundaries” and all of them reported that these facilities are “no touch” facilities. It was evident through the interviews with staff that these staff take allegations of sexual abuse seriously and would report it immediately regardless of who made the report or how they made it. The teachers at both facilities were articulate about the PREA Training they have had. They indicated they were trained in risk factors, protocols for responding to allegations, reporting and signs and symptoms of sexual abuse victims.

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.

The PREA Coordinator reported that there are no volunteers or contractors at either facility. Both Milford and Townsend

RADs serve as alternatives to secure detention and youth are detained only until they go to court and are adjudicated. The facility would require volunteers and contractors to be provided information on the Zero Tolerance Policy, the requirements to report any allegations, suspicions, reports or knowledge of sexual misconduct, sexual abuse or sexual harassment and how to report those allegations or reports.

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.

Interviewed intake staff for both programs reported that they provide the following information to youth upon admission: facility rules and regulations including PREA, the grievance policy and the PREA Policy. Following that, youth are asked if they understand the information provided and then they are asked to sign an acknowledgment statement indicating they have been provided that information. They also are required to watch a 25 minute PREA Video explaining what sexual abuse and sexual harassment are and how to report it and again, sign an acknowledgment. Intake is done the same day and youth receive the PREA Video once a week. Multiple examples of PREA Acknowledgment Forms for both Milford and Townsend RADs were provided documenting that youth had received the required PREA Information. Interviews with youth at both facilities indicated that they were knowledgeable of the Zero Tolerance policy, their rights related to sexual safety and multiple ways to report. The most common responses were to tell a staff member, use the hotline or file a grievance and put a note in the complaint box. Residents were confident the grievance process worked and some said they would use that process if they needed to. It should be noted that these youths also have daily access to the community by attending school. They also have access to their community case managers as a means of reporting should they need it.

Interviews with both staff and youth confirmed that the youth are trained in PREA. Youth were aware of the zero tolerance policy as well as multiple ways to report it if it happened to them or to someone else. Common responses were to use the hotline, tell a staff member, tell parents during weekend visits, write a grievance or put a note in the staff mailboxes. Youth have access to the community daily by attending school and going to appointments. They also have access to a hotline for reporting. Most of the interviewed residents stated they would report to the staff and all of them had staff that they trusted for reporting. Youth said they can drop a slip in the complaint/grievance box, tell a parent or relative via phone or in person, and tell their case manager.

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.

Investigations are conducted by outside agencies. These include the Delaware State Police and the DYRS Child Care Licensing Office Staff. People’s Place does not employ investigators nor does it rely on staff to perform criminal investigative functions. The Program Manager for both Milford and Townsend took the initiative to take the National Institute of Corrections Specialized Training for Conducting Sexual Abuse investigations in confinement settings. A certificate of completion was provided to document this.

Program Managers along with the Agency PREA Coordinator would be responsible for conducting administrative investigations while any criminal allegations are reported to the Delaware State Police. The facility has not had any cases of sexual abuse or sexual harassment during the past 18 months.

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.

The facility does not have any full time, part time or contracted medical or mental health staff.

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.

People’s Place Program Managers have access to via the Computerized System for Delaware Youth Services. In conducting assessments for risk of being a victim or an abuser, the facilities use this source of information, any social history information that comes in with the youth, though limited, or any information received from the sending case manager or court or anything said by the law enforcement officer as well as using the victimization Instrument.

Neither facility was using any screening instrument to assess victimization. The auditor provided examples of screening instruments and the agency developed their own instrument. The instrument, entitled Vulnerability Assessment

Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk. The instrument is quantitative and results in a score that indicates either risk for victimization or for being sexually aggressive. Scores of 17 and above indicate a high risk for either victimization or aggressiveness. Most of the screening instruments resulted in scores that would indicate a low risk for either victimization or for aggressiveness. Several documented medium risk and none of the instruments revealed a score that would indicate a high risk.

The facility has since provided multiple examples of vulnerability assessments.

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.

The facility uses the information derived from the Vulnerability/Victimization/Sexual Aggressiveness Instrument, along with any other information they may have received, to inform housing, bedding and any program or work assignments. Youth identified as high risk for either victimization and sexual aggressiveness are placed in a single room if possible. If a single room is not available, youth will be placed in a room nearest to staff or a request to run at a capacity of nine instead of ten will be made to Youth Rehabilitative Services. The determination will be made on a case by case basis. Additionally, the youth’s workers will be made aware of the youth’s assessment outcome to assist them in making appropriate decisions regarding the youth’s future placements. An interview with the Program Directors indicated that youth who may be identified as vulnerable would be placed in a single room or in a room with a less aggressive youth. Increased staff monitoring would also occur.

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.

The People’s Place PREA Policy requires that youth may report allegations of sexual abuse and sexual harassment verbally, in writing anonymously and through third parties. Posters are posted prominently through the facilities. These include the Sexual Assault Hotline (National Sexual Assault Hotline) available 24/7, with toll free numbers. An additional outside agency is the Rape Crisis Center. A toll free number is posted for that agency as well.

The PREA Coordinator provided a Memo confirming that neither program has had any allegations of sexual abuse or sexual harassment during the audit period. The facility provided a report that documented that the facility has not had any allegations of sexual abuse or sexual harassment in either 2015 or 2016.

Interviews with residents at both facilities confirmed that they are confident they could make a report of sexual abuse or sexual harassment without impediment and that they are aware of multiple ways to report, including telling a trusted staff, dropping a note in the compliant box, filing a grievance, telling their community case manager, telling a friend or a teacher and through any of the available "hotline" toll free numbers.

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.

There have been no grievances filed related to sexual abuse or sexual harassment within the past 12 months at either RAD Milford or RAD Townsend. The reviewed grievance policy addresses all of the items required by the PREA Standards. Youth may file a grievance alleging sexual abuse at any time, regardless of when the alleged abuse took place. Grievances may be filed by third parties including low residents, family members, attorney's or outside advocates or they may assist the youth in filing the grievance and any appeals. Policy allows the youth to decline assistance or having a grievance filed on his behalf unless it is his parent(s) or legal guardian(s) assisting or filing the grievance. All allegations of sexual abuse become Emergency Grievances. The youth is immediately separated from any alleged perpetrator and the PREA Coordinator or in her absence, the PREA Compliance Manager notified to begin the investigation. Youth filing a grievance alleging that they are at risk of imminent sexual abuse are separated immediately from the alleged potential abuser and protected. The grievance becomes an Emergency Grievance and is responded to in the same manner as an allegation of sexual abuse grievance.

During the corrective action period the PREA Coordinator and agency revised the grievance policy to include additional items required by the PREA Standards. Those items, previously missing, and now corrected included the following:

- Youth may file a grievance dealing with sexual abuse at any time. There is no time limit regarding filing a grievance alleging sexual abuse or sexual harassment.
- Youth alleging sexual abuse or sexual harassment DO NOT have to submit their grievance form to any staff member who is the subject of the complaint.
- Third Parties, including fellow residents, staff members, family members, attorneys and outside advocates, may also file a grievance on behalf of the youth or assist the youth in filing a grievance related to allegations of sexual abuse or sexual harassment. The youth has the right to decline third party assistance at any point in the process. All declinations are documented in the youth's case file.

- A parent/legal guardian may file a grievance alleging sexual abuse, including appeals on behalf of each resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.
- Grievances alleging sexual abuse are considered Emergency Grievances and will be addressed immediately. Upon receipt of an emergency grievance, the staff retrieving the grievance will immediately contact the Agency's PREA Coordinator or PREA Compliance Manager, in the Coordinator's absence. The Coordinator will be contacted within 4 hours of learning of the emergency grievance. The PREA Coordinator will investigate and respond to the grievance within 8 hours. The PREA compliance Manager will ensure that the youth is separated immediately from the perpetrator and kept safe. If a resident files a grievance alleging that they are at risk of imminent sexual abuse the PREA Compliance Manager will take immediate action to ensure the youth is separated from the alleged potential perpetrator and contact the PREA Coordinator to begin an immediate investigation into the allegations of the grievance. The youth will receive a response as soon as possible and never later than 48 hours as to the response to the allegations.
- Youth will not be retaliated against for filing a concern or a grievance and any youth filing a grievance in good faith shall not be disciplined regardless of the finding of the investigation of the allegations of the grievance.

Interviews with the youth in the Milford RAD and in the Townsend RAD confirmed that they understand how to file a complaint/grievance and they believed the process "works" however when asked if they had used the grievance process to report an allegation of sexual abuse or an allegation of being at risk of imminent sexual abuse none of the youth reported they had filed such a complaint or grievance because they had not experienced either sexual abuse, sexual harassment or were at risk of imminent sexual abuse. Staff indicated they would take all grievances seriously and respond in compliance with the agency's policies.

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.

As a part of a corrective action plan the agency entered into a Memorandum of Understanding (MOU) with Contact Lifeline an agency providing rape crisis services and supportive services to victims of sexual assault and survivors of sexual assault. A copy of the MOU was provided for review. This agency provides Sexual Assault Counseling Services 24/7 and is accessible via a 1-800 number. Contact Lifeline offers individual, family, and group therapy sessions for survivors of sexual violence and their loved ones. They also provide therapy to any person over the age of 12 who has been impacted by sexual violence, including parent, partners and friends. They are sensitive to a wide variety of experiences, genders, physical abilities, sexual orientation, ages and races. Counseling services are available in both English and Spanish. Services are offered at no cost. Master's level clinicians work with the clients.

Additionally, A Notice of Sexual Assault Hotline is posted in the facilities providing youth information on how to access the National Sexual Assault Hotline that is available 24/7. The email address is provided for on line chat.

Residents were not very knowledgeable of the availability of outside services for dealing with sexual abuse but all were able to show the auditor the information posted on the walls that provided the information. The PREA Coordinator recently entered into a MOU with Contact Lifeline. The agency also has a MOR with Christiana Hospital for the provision of sexual assault exams. The hospital would also contact an advocate to come to the hospital to provide emotional support of the victim throughout the exam process and an interviews upon request from the victim. An interview with a Forensic Nurse Examiner at Christiana Hospital indicated that they would chart the exam, collect evidence and provide STI information and STI prophylaxis. The Nurse also related they would contact an advocate form the Sexual Assault Response Center. Interviews with the Forensic Nurse Examiner at Kent General Hospital also confirmed that they too would provide a forensic nurse examiner and collect any evidence within the time frames for collecting and that they would provide prophylaxis and contact Contact Life Line to access an advocate to support the victim throughout the exam process and through any other processes upon request of the victim.

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.

The Agency’s PREA Policy provides for reports to me made by third parties. Staff are instructed to receive third party reports and to respond to them immediately as in all other reports or allegations of sexual abuse. Third party reports will be investigated just as any other report or allegation of sexual abuse.

Interviews with staff at Milford and Townsend RADs confirmed that they would take any allegations of sexual abuse or sexual harassment seriously. They specifically said they understood they may receive a report from third party and actually from any source. They stated they would separate the resident from the alleged perpetrator and keep them safe and report it to their immediate supervisor immediately and have it investigated by the Delaware State Police as required. Interviewed youth indicated they were aware that another resident or family member could make a report for them.

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.

Peoples Place staff are mandated reporters and required by law to report any suspicion, knowledge, allegation or report of sexual abuse. They are provided information on mandated reporting during their orientation. Staff are required to make reports of allegations of sexual abuse or sexual harassment that occurred in a facility whether or not it a part of the agency received from any source. Staff are also required to report allegations of retaliation against any residents or staff who report such incidents. They are required by policy to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Policy requires that if the facility receives an allegation that a youth was sexually abused while confined at another facility the Program Director is notified immediately after which the Program Director notifies the head of the facility or appropriate office of the agency where the alleged abuse took place as will the appropriate investigative agency within 72 hours. The Program Director is required to document the notifications.

Neither the Milford or Townsend RADs have received a report or an allegation from any youth that they were sexually abused while in another facility.

There have been no allegations of sexual abuse or sexual harassment made during the past 12 months at either facility.

All interviewed staff, both randomly selected and specialized, at both Milford and Townsend RADs were aware that they were required by law, as “mandated reporters” to report any allegation received from any source that a youth was sexually abused. They were also knowledgeable of the reporting process and were able to describe multiple ways to report. Every staff stated they would take any suspicion, allegation, knowledge or report of sexual abuse or sexual harassment seriously and report it immediately to their immediate supervisor who would report it to the Program Director and then to the PREA Coordinator. Most of the staff interviewed were aware that the Delaware State Police would conduct investigations of sexual abuse. Interviews with staff from both facilities indicated that every one stated they are mandated reporters. Additionally, they all stated they are required to make a verbal report, make notifications and follow-up with a written report. They also indicated they are trained to report everything including as one staff stated, “any inkling” that something was going on.

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.

The facility provided a plan for separating youth to keep them safe. This plan includes placing a youth in a single occupancy room or in a room with a roommate who scored low for risk of sexual aggressiveness or abusiveness. The room would be as close to the security station as possible. Additional monitoring would also be required and provided. Every interviewed staff reported that they would take any report of a youth being a risk of sexual abuse would be taken seriously. Staff indicated they would immediately remove the youth from the threat, keep them with them for protection and notify the PREA Coordinator

who would investigate and make any decisions regarding housing the youth. They also indicated the youth's case manager would be notified and if needed the youth could be placed in the other RAD for protection. There have been no allegations of a youth being at substantial risk of imminent sexual abuse in the past 18 months.

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.

The People's Place PREA Coordinator is required to report any allegations that a resident was sexually abused while confined at another facility. The PREA Coordinator will, upon receiving an allegation or report would contact the head of the facility where the alleged abuse occurred, whether or not it is a part of the agency. She would also notify the Delaware State Police who would conduct an investigation.

There have been no allegations or reports of sexual abuse or sexual harassment at another facility made by any youth admitted to either of the People's Place RAD programs.

An interview with the PREA Coordinator indicated she is aware of her responsibility to report any allegation made by a youth that they were sexually abused at any facility or program. She would report it to the head of the facility and report it to the Delaware State Police to ensure that an investigation is conducted into the matter if it has not already been reported.

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.

Policy requires staff first responders to report the incident/allegation immediately to their immediate supervisor and to immediately separate the victim from the alleged perpetrator and to protect the crime scene. Policy addresses the actions to take with the abuser if the timeframe is such that evidence can still be collected BUT does not address the same actions to preserve and protect the evidence on the victim.

There have been no allegations of sexual abuse in either facility requiring any response from First Responders.

Interviews with the PREA Compliance Managers at both facilities, the PREA Coordinator and randomly selected staff confirmed that staff were knowledgeable of actions to take as first responders, including separating the victim from the abuser and instructing both of them not to take any actions, including showering, brushing teeth, using the bathroom or changing clothes, that would degrade or eliminate any potential evidence.

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.

There were no allegations of sexual abuse or sexual harassment requiring first responding. This was confirmed through staff and youth interviews. During the on-site audit neither facility had a coordinated response plan. The auditor provided assistance in developing a coordinated response plan during the corrective action period. In July 2016 the agency provided the agency's Coordinated Response Plan. The facility does not have any medical or mental health staff because of the nature of the program providing residential alternatives to detention.

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.

People's Place employees are not members of a union nor do they work under a contract but are employees working under the personnel policies and rules of People's Place. In compliance with People's Place personnel policies and rules, staff alleged to have committed sexual abuse, sexual harassment or sexual misconduct can be and will be removed from the program immediately while the allegation is being investigated. Staff may be moved to another program or placed on administrative leave pending investigation and if the allegations are substantiated, terminated from employment. Interviews conducted with the PREA Coordinator indicated that in consultation with Human Resources, staff can be removed immediately from the facility pending an investigation of an allegation of sexual abuse or sexual harassment.

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.

There have been no cases of sexual abuse or sexual harassment during the past 12 months. This was confirmed by interviews with both staff and youth. The People's Place RAD PREA Coordinator has designated the PREA Coordinator and Program Directors for Milford RAD and Townsend RAD as the retaliation monitors. Both the Milford and Townsend programs are housed in residential homes with no more than 10 residents enabling the detection of any retaliation if it occurs.

The PREA Coordinator and the Program Director/Designee are all knowledgeable of the PREA Standards related to retaliation monitoring. Residents or staff will be monitored for as long as necessary to ensure that they are not experiencing any retaliation as a result of any reports they have made concerning sexual abuse or sexual harassment. The PREA Coordinator indicated she can move staff from the facility if it is involving a staff or place them in another program and can do the same for youth if needed. The residential programs enable youth to live in family style and staff have youth in a visual line of site when youth are in the home with the exception of bedtime and at bedtime staff conduct rounds every 30 minutes. Door to the youth's rooms are open and again, youth are under close supervision by the staff enabling them to observe any differences in behavior that might indicate retaliation. Interviewed staff related they would also report any suspicions or knowledge of retaliation.

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.

This facility is a residential alternative to detention facility and does not use any form of segregation. Youth live in bedrooms in a house located in a residential area. Any youth who reported sexual abuse, sexual harassment or sexual retaliation would be placed in a single bedroom and monitored frequently or following discussions with the youth's case manager, the youth could be placed in another setting.

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.

Neither the Milford RAD nor the Townsend RAD programs are responsible for investigating allegations of sexual abuse. The Delaware State Police is the agency charged with the legal authority and responsibility for conducting criminal investigations. The PREA Coordinator will investigate issues that are administrative in nature and the licensing agency for both facilities will conduct an investigation as well to determine violations to their regulations.

There have been no allegations of sexual abuse or sexual harassment in the past 18 months. This was confirmed by reviewing the documentation provided by the facility and an interview with the Agency PREA Coordinator.

The PREA Coordinator, in response to the corrective action provided documentation to confirm that she has completed the NIC Specialized Training for Investigators entitled, “Investigating Sexual Abuse in a Confinement Setting”. The certificate was dated July 13, 2016. The Program Director for the Milford RAD also completed his NIC online training July 13, 2016.

Interviews with staff confirmed that the Delaware State Police would be called in response to an incident of sexual abuse. In addition to notifying the State Police, the licensing agency is notified and they will conduct their own separate investigation. The PREA Coordinator indicated that she would conduct administrative investigations with the assistance of each of the program managers.

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.

The agency uses a preponderance of the evidence as the standard for substantiating a case of sexual harassment in an administrative investigation.

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.

There have been no cases of sexual abuse or sexual harassment however interviews with the PREA Coordinator and Program Director/Designee understand the process for reporting the results of investigations to residents. These reports/notifications would be documented.

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.

People's Place PREA Policy requires that staff will be subject to disciplinary actions up to and include termination and prosecution for violating agency sexual abuse or sexual harassment policies.

Neither Milford or Townsend RADs have had any allegations of sexual abuse or sexual harassment during the past 18 months.

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.

The facility reported and interviews with staff indicated that the facility does not have any volunteers.

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.

Residents at Milford RAD or Townsend RAD who are involved in any substantiated case of sexual abuse, sexual harassment or retaliation would be removed from the program after consulting with the youth’s community case manager. People’s Place has a zero tolerance for any form of sexual activity, sexual harassment or retaliation.

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.

There are no medical or mental health staff at both Milford and Townsend RADs. Health care and mental health services are provided in the community. This program receives youth who are awaiting court but who do not require secure detention. These youth are not committed to the state. Youth are asked a few questions related to their health providing an initial screening for any issues requiring immediate attention. However, Peoples Place requires that every youth who is admitted to the facility is screened for risk for being a victim of sexual abuse or for being an abuser. Youth who report prior victimization or abusiveness are referred to mental health in the community for a follow up meeting if the youth agrees to it.

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.

People's Place secured a Memorandum of Understanding between People's Place RADs: Milford and Townsend and Christiana Hospital. This memorandum is an agreement to provide medical care within the Hospital's scope of services and in compliance with the hospital's policies. The hospital agrees also to provide exams for sexual assault victims conducted by asexual assault nurse examiner. Services are at no cost to the victims. The hospital also agreed to provide the victims with information pertaining to Victim Advocates and Advocacy Programs. The MOU was effective March 26, 2016. An additional MOU was provided for review. The MOU between People's Place RAD Milford and Townsend enable youth or staff to report to the Delaware Rape Crisis Services via a toll free number. The MOU provides for anonymous reports if requested. Interviews with forensic examiners at both Christiana Hospital and Kent General Hospital confirmed the availability of services to include forensic exams and access to advocates.

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.

There have been no allegations of sexual abuse or sexual harassment within the past 18 months however once again the Cristiana Hospital and Kent Hospitals agreed that they would provide on-going care as needed. If a youth had to go for a forensic exam the facility would ensure follow-up with local health providers to comply with discharge papers. Neither of the facilities has medical staff on site.

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.

People's Place RAD PREA Policy requires the PREA Coordinator to conduct reviews at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated unless the allegation has been determine to be unfounded. The review is required to be conducted within 30 days of the conclusion of the investigation. Policy also requires the PREA Coordinator to create a review team consisting of direct care staff as well as supervisory staff.

The team is required to consider whether the allegation or investigation indicated a need to change policy or practice to better prevent, detect or respond to sexual abuse, the motivation of the incident, either race, ethnicity, gender identity, status or perceived status, gang affiliation or other group dynamics at the facility. Team members are also required to examine the area of the program where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Staffing levels and deployment would be considered as well. A report of findings and recommendations for improvement will be completed by the PREA Coordinator and maintained for review.

The PREA Coordinator stated and provided a written statement affirming that neither of the programs, Milford RAD or Townsend RAD have had any allegations of abuse during the audit period.

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.

The facility would collect any data relating to any allegations or reports of sexual abuse or sexual harassment if they had had any allegations or reports of sexual abuse or sexual harassment. The facility will provide data to the contracting agency as needed for any annual reports required. The Licensing Agency also has access to statistics collected and reported by the People’s Place Residential Alternatives to Detention.

The PREA Coordinator understands the requirements of the standard however neither of the programs, either Milford or Townsend, have had any allegations of either sexual abuse or sexual harassment during the audit period. The PREA Coordinator provided a written statement confirming that neither facility has had any allegations of sexual abuse or sexual harassment during the audit period.

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.

The PREA Coordinator, in compliance with People’s Place PREA Policy and Procedures, will review any data collected to assess and improve the effectiveness of sexual abuse prevention, detection and response policies and procedures, practices and training, including identifying problem areas and taking corrective actions on an ongoing basis. Policy requires an annual

