

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** July 8, 2017

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> June 12 – 14, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Sussex Correctional Facility			
<b>Facility physical address:</b> 2323 North Dupont Blvd., Georgetown, DE 19947			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> 302-856-5280			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> G. R. Johnson			
<b>Number of staff assigned to the facility in the last 12 months:</b> 6			
<b>Designed facility capacity:</b> 1250			
<b>Current population of facility:</b> 1157			
<b>Facility security levels/inmate custody levels:</b> Minimum and Medium			
<b>Age range of the population:</b> Adult/Youthful Inmates 16-18			
<b>Name of PREA Compliance Manager:</b> Kendall Hickman		<b>Title:</b> Staff LT.	
<b>Email address:</b> kenny.hickman@state.de.us		<b>Telephone number:</b> 302-856-5282 ext 5740	
<b>Agency Information</b>			
<b>Name of agency:</b> Delaware Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 245 McKee Road, Dover, DE 19904			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> 302-739-5601			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Perry Phelps		<b>Title:</b> Commissioner	
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<b>Agency-Wide PREA Coordinator</b>			
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## AUDIT FINDINGS

### NARRATIVE

The Delaware Department of Corrections, in conjunction with the American Correctional Association (ACA) scheduled a Prison Rape Elimination (PREA) audit for the Sussex Correctional Facility at 2323 North Dupont Boulevard, Georgetown, Delaware. The date of the audit visit was June 12<sup>th</sup>, 13<sup>th</sup>, and 14<sup>th</sup>, 2017. Michael Radon Certified PREA Auditor was notified in April 2017 of this audit. This assignment was for a dual team audit of which I served as lead auditor.

The audit process started with contacts between the ACA auditor, the DDOC, PREA Coordinators Office; point of contact person was Michael Records, Agency Wide PREA Coordinator. The audit of the Sussex Correctional Facility was a recertification.

Facility information was sent the PREA auditor via USB thumb drive, contained was the necessary audit information. Pre-audit questionnaire (PAQ), staff identification, current population and travel information including arrival time verification, hotel reservation and a meet and greet on Monday, June 12<sup>th</sup>. Also included on the thumb drive were forty-three (43) standard folders with policy procedures and secondary documentation. The PREA resource audit instrument for audit prison and jails furnished by the National PREA Resource Center was used for the audit. In summary, there are seven sections including: The PAQ, the audit compliance tool, instructions for audit tour, interview protocols, auditor summary, facility map and checklist of documentation.

Following the protocols, including posting of notices and making contacts, the auditor began reviewing the materials forwarded in the weeks prior. Beginning with the questionnaire and all other information related to the upcoming audit on the thumb drive.

Upon arrival to the Sussex Correctional Facility the PREA auditor(s) were met by facility staff.

Monday morning, June 12<sup>th</sup>, an initial meeting took place at the facility where the PREA audit team explained the audit process and schedule. At that time, all interviews were reviewed and scheduled times were discussed. Also at this time the PREA audit team explained to the group that they were there to observe and assess all areas of the facility in order to verify compliance with the forty-three (43) PREA Standards. The auditors focus would include how well inmate are supervised, security procedures and use of technology. In addition, emphasis would be placed on intake, reception, screening areas, housing, healthcare, recreation and any other location on the grounds of the facility.

The tour began at 9:30 a.m. and continued until 1 o'clock in the afternoon. The tour consisted of all facility buildings, and structures on the grounds. The audit team toured the following: Maintenance shop, Unit 14, Gatehouse, Kennel, Program Building, Front Counter, Quick Response Team muster room, Visiting room, Control room, Mini-Armory, Pre-release program Education Department, Housing Unit Four, Law Library, Key South Housing Unit, Medium Housing Unit, Kitchen Gymnasium, Laundry, Medical Department, Minimum Housing Unit, Multi-Security Unit, and Merit Unit.

The second part of the audit included a line by line review of the Pre-audit Questionnaire. The auditors reviewed all compliance and non-applicable findings in the PAQ and discussed any questions and discrepancies. After this review, on Tuesday, June 13<sup>th</sup>, the interview process began mid-morning and continued until 5 o'clock in the afternoon. Interviews conducted included Administrative Staff (Warden), Investigative Staff (OIG), Human Resources, Hearing Officers, Specialized Staff including Clinical and Medical Personnel, also included were First Responders and Correctional Officers.

Inmate interviews included randomly selected inmates, disabled inmates and self-disclosed inmates including transgender inmates.

Completion of the interview process validated compliance with all PREA related standards. All staff and inmates were aware and knowledgeable of PREA and the Zero Tolerance Policy of sexual abuse.

On Wednesday, June 14<sup>th</sup> at 8:30 a.m. the auditors met with administrative staff to review the PREA walk through and discussed observation and suggestions throughout the facility tour. The auditors met with the administration at 11 o'clock for an outbriefing and summarized preliminary observations and their assessment of the audit.

In conclusion, there were no red flags, issues, problems or concerns. It is worthy to note that the DDOC's commitment to PREA had already built and developed many of the PREA related issues in a correctional setting into policy, procedure, and practices.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Sussex Correctional Facility under the operation of the Delaware Department of Corrections is located in Georgetown, Delaware approximately one hundred (100) miles south of Philadelphia, Pennsylvania.

The Facility is completely surrounded by a perimeter security system which is a twelve (12) foot high double fence reinforced with razor wire. Each of these fences are topped with three (3) rolls of razor wire and two (2) rolls of razor wire at the base. The perimeter also has six (6) wall towers, each being staffed 24/7. Sussex Correctional Facility is an all male facility with a capacity of 1250 offenders ranging from the age of 16 to 71. It is a medium security level facility with minimum/medium/maximum custody levels. The Delaware DOC uses a five-tier system to determine the level of supervision for each individual offender. Offenders requiring 24 hour incarceration are at Level Five. Sussex Correctional Facility has a Youthful Criminal Offenders Program (YCOP) where offenders ranging from 16 to 18 years of age are housed separate and apart for the general population.

The physical plant is comprised of seven (7) buildings which hold the following: One (1) single cel housing unit, three (3) multiple occupancy cell housing units, three (3) open bay/dorm housing units and twenty-nine (29) segregation cells (administrative and disciplinary). The Facility has a camera system which includes eleven (11) exterior cameras and fifty-seven (57) interior cameras; camera footage is saved for a minimum of thirty (30) days. All of these cameras are placed strategically throughout the Sussex Correctional Center. There is also an inside patrol post and rovers making rounds at various times for increased security.

Medical care at Sussex Correctional Center is provided by nursing staff 24/7. Connections Community Support Program provides contracted health care services which includes substance abuse, medical, mental health, and dental services. The Health Services Unit at the Facility is well equipped and staffed to care for offenders; with a waiting room, three (3) exam rooms, file room and administrative offices. The Health Services Unit joins the infirmary which has two (2) multi bed cells able to house a maximum of seven (7) offenders as well as three (3) single cells used for high observation areas. Forensic sexual assault medical exams are conducted at BeBee Hospital, which is approximately twenty minutes from Sussex Correctional Facility.

## **SUMMARY OF AUDIT FINDINGS**

This recertification audit of the Sussex Correctional Facility demonstrated that the operations has implemented PREA. Not only are the policies and procedures documented but it was made evident during the tour and the interviews of staff and inmates that the zero tolerance policy of sexual abuse and sexual harassment were part of the culture of the facility.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

### **Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

**Auditor 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.**

DOC 8.60

PREA Coordinator: DOC employee responsible for the over-site of PREA standards, compliance with standards, training, data collection and inspection.

It is the policy of the Department of Correction that all employees, contractors, volunteers and interns are responsible for the prevention, detection and reporting of prison rape and sexual activity. Anyone who fails to report offender on offender sexual abuse, or staff sexual abuse of any kind is subject to discipline, up to and including termination.

There is Zero-Tolerance for any type of sexual abuse, and sexual harassment, between offenders or staff.

SCI 3.60

PREA Coordinator: is a DOC employee responsible for the over-sight of PREA standards, compliance with standards, training, data collection and inspection.

PREA Compliance Manager: is a BOP facility employee responsible at the institutional level with sufficient time and authority to coordinate the facility’s effort to comply with DOC policy and the PREA standards.

By policy and by practice, Sussex Correctional Institution adopted a zero tolerance policy of sexual abuse.

\*The Delaware DOC has established an agency wide policy of zero tolerance of sexual abuse and sexual harassment. The policy includes a clear outline of its implementation to comply with this standard. Also included in the policy are specific definitions of behaviors regarding sexual assault and harassment, sanctions, and responses to this zero tolerance policy.

The Delaware DOC also has a PREA Coordinator who’s responsibility is to implement PREA statewide including oversight of PREA Compliance Managers in each institution.

### **Standard 115.12 Contracting with other entities for the confinement of inmates**

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

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Non Applicable.

### Standard 115.13 Supervision and monitoring

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

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#### DOC 1.4

To provide sufficient staffing to accomplish the mission of the Department.

It is the policy of the Department of Correction to provide sufficient staff to ensure efficient operations consistent with its mission.

#### DOC 8.60

Yearly, the Department will assess, determine, and document where changes should be made to either the staffing plan, or deployment of cameras.

#### SCI 1.4

To provide sufficient, trained staff to accomplish Sussex Correctional Institution's mission.

For any reason prior or during a shift the Watch Commander finds the institution short of staff, the Watch Commander will utilize one or a combination of the following:

1. Identify which posts will be manned and which posts will not.
2. Reassign staff according to institutional needs.
3. Assign Lieutenants and/or Staff Lieutenants to assist in the housing units.
4. Request approval for overtime. OT is normally preapproved to a determined limit per shift. If overtime is approved, call in staff as per procedure.
5. Operate the shift short of staff.
6. Limit inmate activities and programs.
7. Lock down the facility.
8. Hold over staff from the off going shift in accordance with mandatory overtime procedures.

#### SCI 8.60

SCI shall ensure that intermediate and higher level managers conduct and document unannounced rounds, on all shifts, to identify and deter sexual abuse and sexual harassment. Alerting other staff members that these rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility, shall be prohibited by established facility policy and procedures.

\*During the audit review staffing plans were reviewed and observed and found that these plans to be compliant with this standard. Also included was an annual review for the last three years for review and adjustments and the deployment of technology where resources allowed that ensured compliance with this standard. In addition, unannounced rounds have been occurring and is documented.

### Standard 115.14 Youthful inmates

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

**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.**

#### SCI 3.38

It is the policy of SCI that youthful criminal offenders be placed in a designated program and housed in a unit that they will not have sight, sound, or physical contact with any adult offender through the use of a shared dayroom or other common space, shower area, or sleeping quarters. The program and treatment services provided shall be consistent with rehabilitative and special needs of the offender, the security concerns of the DOC and the safety of the public. (4-4309)

Sussex Correctional Institution shall make the best efforts to avoid placing youthful offenders in isolation in order to achieve sight, sound, and physical separation from adult offenders. Absent exigent circumstances, the Sussex Correctional Institution shall not deny youthful offenders daily large muscle exercise, and any legally required special education/programming needs.

In areas outside of housing units, whenever youthful offenders and adult offenders have sight, sound, or physical contact, direct staff supervision will be provided at all times.

\*The facilities' practice that prohibits placing youthful inmates in adult housing units was observed during the audit tour, sight and sound and physical contact were in place. The youthful inmates were housed in a separate area. These youthful inmates were provided structured programming including education, social services, and recreational exercise daily.

#### **Standard 115.15 Limits to cross-gender viewing and searches**

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

**Auditor 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.**

#### DOC 8.60

Each Bureau will establish procedures that prohibits staff from conducting cross gender strip searches, body cavity searches, and cross gender pat searches of female offenders except in exigent circumstances, or where performed by medical staff. Where exigent circumstances exist, and a search is performed, the facility PREA Compliance Manager shall maintain a log documenting such searches.

#### DOC 8.60A

Security staff will not search/strip search a transgender offender for the sole purpose of determining biological sex or gender.

The PREA manager will explain to the offender how this separate shower will be accomplished based upon facility procedures.

This separate shower shall also serve as the opportunity to disrobe and dress apart from other offenders.

When staff are aware of a transgender offender in their housing or work area, and when a pat search is required, all staff will conduct pat searches of those offenders consistent with their training on cross-gender pat searches

Strip searches will be done by a staff member of the same biological sex as the offender, except under exigent circumstances. If exigent circumstances exist, the staff member conducting the strip search will complete an Incident Report documenting the reason for the search.

#### SCI 8.32

Body Cavity Search: A manual or instrument inspection of an individual's body cavities including anus, vagina, mouth, ears, nose, etc. performed by medically trained professionals.

#### SCI 8.60A

The Sussex Correctional Institution will not conduct cross-gender strip searches or visible body cavity searches except in exigent  
PREA Audit Report

circumstances. If exigent circumstances exist, this search must be documented on an incident report.

The Sussex Correctional Institution will not permit cross-gender pat-down searches of female inmates absent any exigent circumstances. If exigent circumstances exist the search will be documented. Female inmates shall not be restricted from opportunities in order to comply with this provision.

The Sussex Correctional Institution will implement procedures that enable inmates to shower, perform bodily functions, and change clothing so opposite gender viewing cannot see their breasts, buttocks or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of opposite gender will announce their presence when entering an inmate housing unit.

#### SCI 8.60C

The Sussex Correctional Institution will not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversation with the inmate, by reviewing medical records, or, if necessary by learning that information by a broader medical examination conducted in private by a medical practitioner.

\*The facility does not conduct cross gender strip or body cavity searches. Policies and procedures are in place that allow inmates privacy to shower and change clothing except in exigent circumstances. In addition, opposite gender staff are required to announce presence when entering housing units.

Internal staff training is ongoing focusing on cross gender searches in a professional respectful manner.

### **Standard 115.16 Inmates with disabilities and inmates who are limited English proficient**

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

**Auditor 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.**

#### SCI 8.32

Body Cavity Search: A manual or instrument inspection of an individual's body cavities including anus, vagina, mouth, ears, nose, etc. performed by medically trained professionals.

Strip Searches: Inmates will be strip searched at the below listed times. Except under exigent conditions, the person performing the strip search will be of the same gender as the person being strip searched.

#### SCI 8.60A

The Sussex Correctional Institution will provide training to security staff on how to supervise, conduct pat-down/frisk searches and strip searches of cross-gender inmates in a professional and respectful manner.

The Sussex Correctional Institution will not conduct cross-gender strip searches or visible body cavity searches except in exigent circumstances. (4-4194) If exigent circumstances exist, this search must be documented on an incident report.

The Sussex Correctional Institution will not permit cross-gender pat-down searches of female inmates absent any exigent circumstances. If exigent circumstances exist the search will be documented. Female inmates shall not be restricted from opportunities in order to comply with this provision.

The Sussex Correctional Institution will implement procedures that enable inmates to shower, perform bodily functions, and change clothing so opposite gender viewing cannot see their breasts, buttocks or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of opposite gender will announce their presence when entering an inmate housing unit.

#### SCI 8.60C

The Sussex Correctional Institution will not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversation with the inmate, by reviewing medical records, or, if necessary by learning that information by a broader medical examination conducted in private by a medical practitioner.



\*Procedures are in place to provide disabled inmates equal opportunity in all aspects of the zero tolerance policy. Inmates who are limited in English are provided interpreters to clearly outline the facilities' PREA information.

### Standard 115.17 Hiring and promotion decisions

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

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#### DOC 8.60

The Department will not hire a staff member, contract with a vendor, or permit access to a volunteer, who may have contact with offenders, and who has engaged in sexual abuse or anyone in the community or inside a facility.

When a case of sexual assault is substantiated against a vendor or volunteer, the Department shall bar that individual from further contact with offenders, and shall refer the case to the Delaware State Police for possible prosecution.

#### DOC 9.30

Background Investigation: A formal process to vet employees.

The Department Human Resources Office will initiate a complete and thorough background investigation on all applicants.

Internal Affairs will return the packet and a completed background package to the Human Resources Office with their recommendation for or against hiring the applicant.

\*During the audit Human Resource Policies were reviewed which included prohibiting the hiring and promoting of any staff who had a history of committing sexual abuse in all correctional facilities or had been convicted of or civilly adjudicated in the activities described above.

Criminal background checks were in place for all new employees. These criminal background checks were also applied for current employees to be completed every five (5) years.

### Standard 115.18 Upgrades to facilities and technologies

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

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#### DOC 8.60

When building a new facility, upgrading existing facilities, or when purchasing and deploying new video monitoring equipment, the Department will consider what effect these upgrades and purchase will have on its ability to protect offenders from sexual abuse.

\*During the audit existing technology was observed. There have been no significant upgrades since the last audit.

### **Standard 115.21 Evidence protocol and forensic medical examinations**

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

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#### DOC 8.60

The Department will utilize Sexual Assault Nurse Examiners (SANE'S) OR Sexual Assault Forensic Examiners (SAFE'S) whenever possible, and when the investigation indicates retrievable evidence may be available.

Forensic evidence may be retrievable for up to five days after sexual assault, and a SANE exam will be offered if it is believed DNA, fibers, bruising, tearing, or other forensic evidence may be retrieved from a victim.

The Department will strive to maintain a working relationship, through an established MOU, with an outside rape crisis, or rape advocacy agency to provide rape crisis services. When requested, and where applicable, the Department shall help coordinate contact with an advocate at the hospital, or upon return to a facility.

The Department shall conduct an administrative and/or criminal investigation for each allegation of sexual abuse.

If an allegation indicates criminal behavior, the Department shall refer the case to the exclusive jurisdiction to investigate allegations of rape as outlined in 11Del. Code Ch. 83, 8302.

For offenders under the age of 18, who are a victim of sexual abuse, the facility will report the allegation to the Department of Services for Children, Youth and Families.

#### DOC 8.35

Pursuant to the procedures set forth in DOC policy including policy 8.60 Prison Rape Elimination Act.

\*Existing policies regarding forensic medical exams were reviewed and found to be consistent with the expectation of the standard. The Delaware State Police has responsibility for conducting lead investigations for sexual abuse incidents.

The evidence protocol was reviewed and properly implemented. Other aspects of responsive planning were in place including outside resources for forensic medical examinations, SAFE/SANES availability, and zero financial cost. In addition, a rape crisis center/comparable qualified staff was available.

### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

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

**Auditor 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.**

#### DOC 8.35

To provide guidelines regarding the manner and method by which the Delaware Department of Correction conducts internal investigations and communicates with the Delaware State Police in relation to Delaware State Police investigative responsibilities. Pursuant to the procedures set forth in DOC policy including policy 8.60 Prison Rape Elimination Act.

#### DOC 8.60

Administrative investigations of sexual abuse, and/or sexual harassment of an offender, shall be conducted promptly and thoroughly,

Where allegations are referred for criminal investigation to the Delaware State Police, the Department shall ensure that the cases are referred promptly.

\*Policies were reviewed regarding referrals of sexual abuse and allegations for investigation. During this audit period it was made evident that these practices were in place and ongoing. The existing investigative policies for referrals are made public by the agency.

### **Standard 115.31 Employee training**

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

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#### DOC 8.60

##### Training and Education

The Department shall train all employees, vendors, volunteers, and others, who may have contact with offenders, on:

- i. The Department's zero-tolerance policy
- ii. How to fulfill their obligations under this PREA policy
- iii. The offender's right to be free from sexual abuse
- iv. The offender's and staff's right to be free of retaliation for making reports of sexual abuse
- v. The dynamics of sexual abuse in confinement
- vi. The common reactions of sexual abuse victims
- vii. How to detect and respond to signs of sexual abuse
- viii. How to avoid inappropriate relationships with offenders
- ix. How to communicate effectively with all offenders, including those that are lesbian, gay, bisexual, transgender, intersex, or gender non-conforming

Training will be tailored to the sex of the offender at the facility where staff is assigned. However, the training will be inclusive of both male and female characteristics, as it relates to trauma and history of sexual abuse. This training will provide all staff with a knowledge base to be able to work at either a male or female facility.

All staff will receive training at the time of hire, or during their academy training. Refresher training must be completed every year.

The Employee Development Center will be responsible to conduct and track this training department wide.

\*Training curriculums were reviewed and include the agencies zero tolerance policy and all ten (10) subset expectations of this standard. The training availability is tailored to the gender of the inmates and all staff who are reassigned or transferred are given additional training. During this audit period staff employed at the facility have been trained and retrained on PREA. Annual PREA training is in place.

### **Standard 115.32 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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#### DOC 8.48D

The Prison Rape Elimination Act requires that volunteers who have contact with inmates be trained as to their responsibilities under the institution's sexual abuse and sexual harassment prevention, detection, and response policies and the zero tolerance policy regarding sexual abuse and sexual harassment.

#### DOC 8.60

##### Training and Education

The Department shall train all employees, vendors, volunteers, and others, who may have contact with offenders, on:

- i. The Department's zero-tolerance policy
- ii. How to fulfill their obligations under this PREA policy
- iii. The offender's right to be free from sexual abuse
- iv. The offender's and staff's right to be free of retaliation for making reports of sexual abuse
- v. The dynamics of sexual abuse in confinement
- vi. The common reactions of sexual abuse victims
- vii. How to detect and respond to signs of sexual abuse
- viii. How to avoid inappropriate relationships with offenders
- ix. How to communicate effectively with all offenders, including those that are lesbian, gay, bisexual, transgender, intersex, or gender non-conforming

For vendors, volunteers, and others that are not sworn personnel, the level and type of training will be consistent with the amount of interaction and contact there will be with offenders.

#### DOC 8.48D

##### A GUIDE TO THE PREVENTION AND REPORTING OF SEXUAL ABUSE AND MISCONDUCT WITH OFFENDERS

PREA Information for Contractors, Vendors, and Volunteers with Limited Contact with Offenders  
Please Read, Sign, and Return this Acknowledgement Form with the Security Clearance Application  
Staff Sexual Misconduct

Delaware Department of Correction (DDOC) policy 8.60 specifically forbids any activity associated with or that promotes acts of sexual conduct, including sexual harassment between offenders and DOC staff. In this definition, "staff" includes: contractors, vendors and volunteers of the DOC. An "offender" means someone incarcerated in a correctional facility or under supervision in the community. DDOC policy 8.60 contains detailed descriptions of what constitutes sexual misconduct and staff misconduct of a sexual nature (Policy 8.60 is available on the DDOC website at: [http://www.doc.delaware.gov/downloads/policies/policy 8-60.pdf](http://www.doc.delaware.gov/downloads/policies/policy%208-60.pdf))

Forms of sexual misconduct include, but are not limited to:

- 1 Any behavior of a sexual nature directed toward an offender by a Department staff, contract staff, or volunteer.
- 2 Inappropriate touching between offenders and staff.
- 3 All completed, attempted, threatened, or requested sexual acts between Department staff and the offender.
- 4 Sexual comments and conversations with sexually suggestive innuendos or double meanings.
- 5 Display or transmittal of sexually suggestive posters, objects, or messages.

Depending on the investigation findings of an alleged incident, the outcome may result in the loss of your job/assignment and the possibility of criminal charges. In addition, persons accused of sexual harassment in civil or criminal proceedings may be held personally liable for damages to the person harassed.

##### An Abuse of Power

Due to the imbalance of power between offenders and staff in correctional settings, sexual interactions between staff (who have power) and offenders (who lack power) are unprofessional, unethical and illegal. Some offenders who lack power may become sexually involved with staff in an effort to equalize the imbalance of power. Occasionally an offender may try to use sex to improve his/her standing or circumstances (e.g., better job, avoid disciplinary action, affect a release plan, gain privileges, etc.). As a DOC contractor, vendor or volunteer, your designated assignments place you in a position of authority over the offenders with whom you interact in a professional

capacity. It is not possible to have a relationship as equals because you have a responsibility to maintain custody, evaluate work performance, and/or provide input to issues that affect release dates, return to prison, or other sanctions.

Because of the imbalance of power between offenders and staff, vendors, contractors and volunteers, there can never be a consensual relationship between staff and offenders. In fact, the law states "consent" is not a defense to prosecution. Here are some factors to consider.

#### History of Victimization

Some staff don't think of offenders as 'victims' of staff sexual misconduct, especially when the offender appears to be a willing participant or even initiated the sexual or 'romantic' interactions with a staff member. The offender is always the victim because of the imbalance of power. The consent or willingness of an offender to participate may be a survival strategy or a learned response to previous or current victimization. Many offenders have a history of victimization (physical and/or sexual abuse), which may make them especially vulnerable to the sexual overtures of persons in positions of authority. Their perception of affection/love may be skewed by this background of abuse, making it impossible for them to refuse advances of a staff member.

In some instances, particularly for female offenders, their survival in the community has been directly related to using their sexuality to obtain the means to survive. Coupled with low self-esteem, this carries over into their conduct in prison and while under community supervision.

As the person in authority, it is your responsibility to discourage, refuse and report any overtures as well as maintain professional boundaries at all times. Boundaries in relationships can be difficult. If you question your professional boundaries with an offender or feel uncomfortable with his/her actions or advances toward you, talk to another person you respect and/or bring this matter to the attention of a DOC employee before it gets out of control.

#### Red Flags:

The following are behaviors or 'red flags' that may signal you or someone you work with is in danger of engaging in sexual misconduct with an offender:

- Spending a lot of time with a particular offender
- Change in appearance of an offender or staff member
- Deviating from agency policy for the benefit of a particular offender
- Sharing personal information with an offender
- Horseplay
- Overlooking infractions of a particular offender
- Doing favors for an offender
- Consistently volunteering for a particular assignment or shift
- Coming to work early/staying at work late
- Flirting with an offender

#### Some Other Things to Consider:

Amorous or sexual relationships with an offender are seldom a secret. Such behavior will subject you to disrespect and manipulation from other offenders that may be aware of your situation. Once in a relationship, professional judgment becomes clouded and the nonnal defenses that exist to protect you will be compromised. When acting on emotions, you may take actions that would otherwise be considered inappropriate in a correctional environment (either in custody or in the community).

Amorous or sexual relationships are inappropriate and illegal when they occur between an offender and any staff member, contractor, vendor or volunteer. Offenders depend upon staff to provide for their board and care, ensure their safety, address their health care needs, supervise their work and conduct, and act as role models for socially acceptable conduct. Your conduct and the decisions you make reflect not only on your own reputation, but also on that of your peers and the agency you represent.

#### How to Maintain Appropriate Boundaries:

Most staff/offender sexual misconduct occurs only after seemingly innocent professional boundaries have been crossed. The following behaviors will assist you in maintaining appropriate boundaries:

- Maintain professional distance
- Focus behavior on duties and assignments
- Do not become overly close with offenders
- Do not share your own or other staff person's personal information with or around offenders
- When speaking to offenders about other staff, refer to the staff by their title or as Ms. or Mr.
- When speaking to offenders refer to them as Ms. or Mr. and their last name
- Do not accept gifts or favors from offenders
- Be knowledgeable of Departmental policy and procedure, Rules of conduct and laws regarding sexual misconduct and sexual harassment.

A Duty to Report Staff must report any inappropriate staff/offender behavior immediately. The presence of illegal and unethical behavior by staff compromises the security and safety of the agency. Staff that fail to report such behavior will be held accountable and sanctioned through dismissal. All efforts will be made to ensure the confidentiality of the reporting staff member.

I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED IN THIS DOCUMENT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

ORGANIZATION I COMPANY \_\_\_\_\_  
PROGRAM NAME:

\*Training curriculum for volunteers was reviewed, training was focused on the services provided and amount of contact with inmates.

### Standard 115.33 Inmate education

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

**Auditor 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.**

SCI 8.60

During the initial intake and medical assessment, it will be documented in DACS that offenders under the supervision of SCI will be advised of their protections under the National Prison Rape Elimination Act. Multiple strategies may be utilized to ensure all offenders are aware of the PREA requirements. The training will include reporting, investigative, and victim medical and support services.

Within 30 days of intake, SCI shall provide and document a more comprehensive education to offenders, either in person or through video, regarding their rights to be free from sexual abuse, retaliation for reporting sexual abuse, and the policies to responding to incidences of sexual abuse.

\*All inmates upon intake are informed and educated about the zero tolerance policy and other aspects of PREA. PREA education is available for those who have limited English/deaf/visually impaired/limited reading and other disabilities.

### Standard 115.34 Specialized training: Investigations

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

**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.**

DOC 8.60

The Department will ensure that all staff responsible for conducting administrative investigations receives specialized training related to PREA.

\*Investigators were interviewed and confirmed their specialized training in conducting investigations of sexual abuse at the facility. Documentation was reviewed confirming all investigators had been trained.

### Standard 115.35 Specialized training: Medical and mental health care

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

**Auditor 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.**

DOC BCHS B-05

A. TRAINING

1. The vendor staff for medical, mental health and pharmacy services shall ensure all vendor employees are trained in Prison Rape Elimination Act (PREA) and DOC policy 8.60.

\*Specialized focused training was reviewed of the medical and mental health staff at the facility. All staff were appropriately trained as required by policy.

**Standard 115.41 Screening for risk of victimization and abusiveness**

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

**Auditor 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.**

BOP 3.3

Use of the Prison Rape Elimination Act (PREA) Assessment Screenings

In accordance with DOC Policy 8.60, BOP Procedure 8.60 and PREA standard 115.42, the Sexual Aggressor and Sexual Victimization assessment information shall be considered to inform housing, bed, work, education, and program assignments.

SCI 8.60

Screening for Risk of Victimization and Abusiveness:

All offenders will be screened during intake and upon transfer to SCI, for their risk of being sexually abused, or being abusive toward other offenders. This screening should occur within 24 hours, but no longer than 72 hours of arrival

Within 30 days of the offender’s arrival at SCI, the offender will be assessed using the Department’s Sexual Victimization/Abusiveness assessment tool.

Further assessment shall be done every 2-years, or when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offenders risk of sexual victimization or abusiveness.

The results of all screenings and assessments will be confidential, and will only be used by staff to assist in the placement and protection of offenders from abuse in relation to housing and bed assignments.

Offenders may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions in the assessment.

\*The screening tool for the facility was reviewed during the audit. This tool included evaluation of risk of sexual victimization and/or potential predatorial abuse. The screening occurred within the specific seventy-two (72) hours of intake. Other components of this policy

included thirty (30) day follow-up after initial assessment, and the reassessment when warranted. The prohibition of disciplining inmates for not answering or disclosing information was in place.

#### **Standard 115.42 Use of screening information**

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

**Auditor 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.**

#### BOP 3.3

Use of the Prison Rape Elimination Act (PREA) Assessment Screenings

In accordance with DOC Policy 8.60, BOP Procedure 8.60 and PREA standard 115.42, the Sexual Aggressor and Sexual Victimization assessment information shall be considered to inform housing, bed, work, education, and program assignments.

#### BOP 8.60

Each facility shall make individualized determinations about how to ensure the safety for each offender.

Facilities will not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated units, or tiers solely on the basis of such identification status.

#### DOC 8.30

The results of these screenings will be confidential, and will only be used by staff to assist in the placement and protection of offenders from abuse.

Placement and programming assignments for transgender, intersex, and gender non-conforming offenders will be reassessed at least twice each year to review any threats to safety experienced by the offender.

A transgender, intersex, or gender non-conforming offender's own views with respect to his or her own safety shall be given consideration.

Transgender and intersex offenders will be given the opportunity to shower separately from other offenders.

#### DOC 8.60A

Transgender offenders may not be assigned to gender-specific facilities based solely on their external genital anatomy.

In making housing and programming assignments, the reviewing authority shall consider, on a case-by-case basis, the least restrictive levels of security and custody needed to promote the health and safety of the offender, and whether such placement would present management or security concerns.

Each facility will develop procedures to promote the safety and privacy of transgender offenders from other offenders in regard to showering and disrobing.

Facilities will not place transgender offenders in dedicated buildings, units, or tiers solely on the basis of such identified status.

#### SCI 8.60

Decisions, about where transgender inmates or an inmate with an intersex condition, is housed must be made on a case-by-case basis. An individual's views regarding their personal safety must be seriously considered.

\*The screening tool was used to identify other inmate issues including housing units, work, education, and other activities to protect potential inmates from sexual victimization or abuse. All inmate decisions were individualized including assignments for transgender or intersexed inmates.



### Standard 115.43 Protective custody

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

**Auditor 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.**

#### SCI 4.3

Administrative Segregation: An institutionally imposed, non-programmatic status indicating the offender's continued presence in the general population poses a threat to life, property, self, staff, other offenders, or to the safety/security or orderly operation of the facility.

The Watch Commander may order an offender to be placed in Administrative Segregation. This action is reviewed within 72 hours by the Warden. A written notice, signed by the Watch Commander will be given to the offender (copy to institutional file) for entry into Administrative Segregation.

Offenders in Administrative Segregation, depending on the time spent in Administrative Segregation, will have access to programs and services that include, but are not limited to, the following: educational services, commissary services, law library services, counseling services, religious guidance, and recreational programs.

SCI will review the status of any offender in Administrative Segregation every seven days for the first two months and at least every 30 days thereafter to determine if the reasons for placement still exist.

Offenders at a high risk for sexual victimization shall not be placed in involuntary segregation housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.

Offenders assigned to involuntary segregation housing shall only be assigned to this housing until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed 30 days.

\*Protective custody policy regarding PREA was reviewed. The existing practice has had no involuntary segregation at this facility.

### Standard 115.51 Inmate reporting

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

**Auditor 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.**

#### BOP 8.60

Offenders will be educated on the internal and external ways to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Each facility shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

DOC 8.60

Reporting

The Department will provide a method for offenders to report sexual abuse to an entity that is not part of the agency.

Offenders detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

SCI 8.60

SCI shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

\*Procedures were reviewed during the audit focusing on inmate reporting. It was confirmed that existing policies allowing for multiple internal ways were available. Outside entities were available for inmate access including telephonic, outside family contact and correspondence. All verbal reports to staff were documented and reported immediately.

**Standard 115.52 Exhaustion of administrative remedies**

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

**Auditor 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.**

DOC 8.60

Any allegation of sexual abuse, or sexual harassment, made via the Department's offender grievance system, shall immediately be investigated as a report of sexual abuse. There will be no time limit placed upon when such a report can be submitted.

SCI 4.4

IGC will take steps to ensure there is no immediate/imminent threat of sexual abuse. If there is potential for immediate/imminent threat of sexual abuse the IGC will take all necessary precautions to keep the SCI inmate population safe.

The IGC will complete an incident report and notify the on duty Watch Commander. This will initiate a PREA investigation.

Third party grievances will be accepted involving allegations of PREA.

There will be no time limits involving allegations of PREA.

There will be no retaliation or discipline for Offenders filing a PREA complaint, unless it can be proven that the allegation was malicious and filed in bad faith.

SCI 8.60

Any allegation of sexual abuse, made via the Department's offender grievance system, shall immediately be investigated as a report of sexual abuse.

There will be no time limit placed upon when such a report can be submitted.

The agency shall not require an offender to use any informal resolution process, or to otherwise attempt to resolve with the identified staff member, an alleged incident of sexual abuse.

Such investigation will not be referred to the staff member who is the subject of the complaint.

If a third party files such a complaint on behalf of an offender, the facility may require, as a condition of processing the complaint that the alleged victim agree to have the complaint filed on his or her behalf.

In the event a final determination of substantiated, unsubstantiated, or unfounded cannot be made within 90 days, from the date the offender filed the complaint, the agency may extend its response timeframe by up to 70 days. The offender will be notified of this extension in

writing.

\*Existing policies including grievance procedures were available to report allegations of sexual abuse at any time. This policy also included the required steps of this standard including not submitting the grievance to the staff who is named in the complaint, and that the grievance be resolved in ninety (90) days. In addition, the policy allows for written notification to the inmate informing them of any extentions. Established procedures for filing an emergency grievance were in place at the time of the audit.

### **Standard 115.53 Inmate access to outside confidential support services**

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

**Auditor 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.**

#### SCI 8.60

Offenders will be educated on the internal and external ways to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

SCI shall provide offenders with access to the outside victim advocate services that have been established by the DOC.

\*Provisions for access to outside victim advocates for support services were available. These services were provided by outside contractors with an established MOU. This agreement specified the support services provided including confidentiality. Mailing addresses and telephone numbers were posted throughout the facility. Toll-free phones were available throughout the housing units allowing reasonable accommodation.

### **Standard 115.54 Third-party reporting**

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

**Auditor 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.**

#### DOC 8.60

The Department will provide a method for offenders to report sexual abuse to an entity that is not part of the agency. This entity will forward offender reports of sexual abuse to agency officials, allowing the offender to remain anonymous upon request.

\*During the audit it was observed that third party reporting was available. The DOC website provided information for necessary contact information. The agency also distributes information on reporting.

### Standard 115.61 Staff and agency reporting duties

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

**Auditor 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.**

#### BOP 8.60

Each facility will ensure that all allegations of sexual abuse are referred to the facility's designated investigators.

#### DOC 8.60

It is the policy of the Department of Correction that all employees, contractors, volunteers and interns are responsible for the prevention, detection and reporting of prison rape and sexual activity. Anyone who fails to report offender on offender sexual abuse, or staff sexual abuse of any kind is subject to discipline, up to and including termination.

The Department shall require all staff to report immediately any retaliation against staff or offenders that may report such an incident of sexual abuse.

Apart from reporting to designated supervisors at the facility, staff shall not reveal any information related to a report of sexual abuse other than to the extent necessary to investigate the incident, treat the victim, and safely house the victim and aggressor.

For offenders under the age of 18, who are a victim of sexual abuse, the facility will report the allegation to the Department of Services for Children, Youth and Families.

#### SCI 8.60

Shift Commander:

- Step #13-Notifies PREA Investigator.

\*The staff reporting policy was reviewed during the audit. Reporting responsibilities require that all suspicion, knowledge, and information be reported immediately. This policy also includes any staff neglect or violation or retaliation be reported as well.

### Standard 115.62 Agency protection duties

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

**Auditor 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.**

#### BOP 8.60

Upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to:

Separate the alleged victim and abuser

Each facility will employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abuser from contact with victims, and emotional support services.

\*Existing policies are in place for the protection of inmates. Inmates who are subject to risk of sexual abuse are provided immediate action. All inmates involved in investigations of sexual abuse are immediately separated.

### **Standard 115.63 Reporting to other confinement facilities**

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

**Auditor 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.**

BOP 8.60

Upon receiving an allegation that an offender was sexually abused while confined at another facility, the facility Warden that received the allegation shall notify the Warden of the facility where the alleged abuse occurred.

\*Existing policy of reporting and communicating any allegations while confined at another facility were in place. The procedures of the facility Warden communicating to his counterpart was documented. This procedure was documented to meet the time frame of seventy-two (72) hours.

### **Standard 115.64 Staff first responder duties**

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

**Auditor 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.**

SCI 8.60

Staff Members:

- Step #2-Ensure that the victim is safe. The victim should not shower, eat or drink until after evidence collection.

Shift Commander:

- Step #5-Secures the crime scene in accordance with SOP.
- Step #7-If the assault occurred within seventy-two (72) hours, secures the alleged perpetrator in a dry cell to preserve evidence.
- Step #8-Collects the alleged perpetrator’s and victim’s clothing maintaining a chain of custody in accordance with SOP, until it can be turned over to the Delaware State Police.
- Step #9-If the victim is transported to a hospital, collects the victim’s clothing before exit from the facility and maintains a chain of custody.

- Step #11-Maintains the custody of evidence until it can be turned over to the Delaware State Police.

\*The first responder policy was reviewed, duties included separation of the victim, preserve and protect evidence, collection of potential evidence, and preservation of physical evidence. The specific procedures for staff response were in place and reviewed with staff.

### Standard 115.65 Coordinated response

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

**Auditor 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.**

#### DOC 8.60

There will be a written plan (Sexual Abuse Response Plan) to coordinate actions taken in response to an incident of sexual abuse. (See attachments A and B.)

#### SCI 8.60B

To provide guidelines to standardize structure and implementation of a Sexual Assault Response Team (SART) at Sussex Correctional Institution.

**Security:** Security’s role is to be first responder to the scene of a sexual assault. They will preserve the scene and notify the facility administration through the chain of command. They will consider the immediate safety to the victim, ensuring they receive emergent medical and mental health attention. Through their shift commander, they will ensure the victim is taken for a Sexual Assault Nurse Examination (SANE) to collect forensic evidence.

**Institutional Investigators:** The institutional investigator is to investigate and/or coordinate the investigation of a report of sexual abuse. If the investigator turns over the investigation to Delaware State Police, they are responsible to follow the case to its closure as unfounded, substantiated or unsubstantiated.

**Treatment/Classification:** The treatment/classification member’s role is to ensure that the victim and perpetrator are screened and housed appropriately. They may be assigned by the PREA Manager to follow the case to detect signs of retaliation or intimidation.

**Medical:** Medical staff are to provide initial emergent care only. Upon return from a SANE exam, medical staff will ensure that a victim receives timely information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. They will evaluate victims, develop treatment plans, and when necessary, make referrals for continued care following the offender-victim transfer to, or placement in other facilities. Medical may also make referrals at the time of release if needed.

**Mental Health:** Mental health staff are to initially offer crisis intervention services. Subsequent to this initial contact, mental health will offer ongoing treatment as needed, developing treatment plans and when necessary making referrals for continued care.

**PREA Facility Compliance Manager:** The PREA Compliance Manager will oversee the entirety of a sexual assault case. The manager will ensure an appropriate first response and ensure the offender victim is seen and followed by medical and mental health where appropriate. The manager will ensure a case is followed for 90 days post incident for signs of retaliation. The manager ensures an offender-victim is given case updates at each stage of the court process, on any case that is forwarded for prosecution.

\*The institutional plan for coordinated response was reviewed and included first responders, medical/mental health, investigators, and administration.

### Standard 115.66 Preservation of ability to protect inmates from contact with abusers

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

- Does Not Meet Standard (requires corrective action)

**Auditor 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.**

DOC 9.12

- I. AUTHORITY: II Del. C. §6517, 29 Del. C. §8903, State of Delaware Merit Rule 12.0
- II. PURPOSE: The purpose of this policy is to establish guidelines to:
- 1 Ensure that employees are held accountable for their actions.
  - 2 Ensure that just cause, as defined herein, is established for taking disciplinary action.
  - 3 Ensure that an appropriate penalty is imposed for the behavior.
  - 4 Ensure that disciplinary action is applied consistently department-wide.

III. APPLICABILITY: This policy applies to all Department of Correction Merit System employees. This policy applies only to administrative disciplinary action. It does not apply to criminal investigations, charges or proceedings, which have a different standard. Any provision for employee disciplinary actions, included in their respective collective bargaining agreements, supersedes that which is set forth in this policy. Any collective bargaining agreement which provides for a different disciplinary procedure for the members of a given collective bargaining unit shall preempt and supersede the requirements of this policy to the extent of the difference.

IV. DEFINITIONS:

- I. Disciplinary Action -measures taken by management to hold employees accountable for their actions or behavior. Formal disciplinary action includes: written warnings, written reprimands, suspensions (without pay and paper), demotions and dismissal.
- 1 Documentation -can include, but is not limited to: incident reports, memoranda, timecards, pictures, witnesses' statements, telephone records, any electronic data format and other material that documents facts relevant to the investigation.
  - 2 Just Cause -means that management has sufficient reason for imposing accountability. In no way is this definition of just cause related to or similar to the unemployment compensation standard for just cause. The definition of "just cause" from the jurisprudence of unemployment compensation requires a higher standard of proof and is a more narrowly defined term than that contemplated herein.
  - 3 Official Personnel File -the employee personnel file maintained by the Department's Human Resources Office that includes all of an employee's employment records.

V. POLICY:

It is the policy of the Department of Correction to hold all employees accountable for their conduct. Employee disciplinary actions will be imposed to correct employee behavior. Disciplinary actions will be imposed for just cause. Disciplinary action will be progressive, where applicable, and as prompt as is reasonably possible under the circumstances of each case. Disciplinary actions will be applied consistently throughout the Department taking into account the circumstances of each occurrence and any aggravating or mitigating factors. Formal disciplinary actions include written warnings, written reprimands, suspensions (paper or time off without pay), demotions and dismissal. Except where precluded or modified by a legally valid and enforceable collective bargaining agreement, prior to the imposition of disciplinary action, management must conduct an investigation and give the charged employee a meaningful opportunity to respond to the charges. Documentation relative to imposed disciplinary action will be placed in the employee's Personnel File maintained by the Department's Human Resources Office.

The Department of Correction's Human Resources Office will maintain procedures to support this policy.

\*All existing agreements in place were reviewed at the time of the audit.

**Standard 115.67 Agency protection against retaliation**

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

**Auditor 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.**

SCI 8.60

Protection against retaliation must begin immediately. Officers must stay alert and maintain protective measures for as long as they deem necessary. Offender fear of retaliation, such as being targeted for arrest or prosecution, being attacked by other offenders, or suffering harassment from staff,

SCI will employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abuser from contact with victims, and emotional support services.

For at least 90 days following a report of sexual abuse, SCI shall monitor and document the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse. The obligation to monitor will terminate if the allegation is determined to be unfounded.

\*Existing policy of retaliation from inmates or staff were reviewed at the time of the audit. This policy included all the necessary elements for monitoring and responding to possible retaliation.

**Standard 115.68 Post-allegation protective custody**

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

**Auditor 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.**

SCI 8.60

Offenders at a high risk for sexual victimization shall not be placed in involuntary segregation housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.

\*Existing policy prohibiting placement and use of involuntary segregated housing was reviewed. The facility demonstrated that only after all exhausted alternative remedies were considered that segregated housing could be used.

**Standard 115.71 Criminal and administrative agency investigations**

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

**Auditor 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.**

DOC 8.35

The Department of Correction shall request that the Delaware State police personnel investigate the following categories of complaints, if



they are alleged to occur within any Department facility:

Pursuant to the procedures set forth in DOC policy including policy 8.60 Prison Rape Elimination Act.

#### DOC 8.60

The Department will provide a method for offenders to report sexual abuse to an entity that is not part of the agency. This entity will forward offender reports of sexual abuse to agency officials, allowing the offender to remain anonymous upon request.

Administrative investigations of sexual abuse, and/or sexual harassment of an offender, shall be conducted promptly and thoroughly, and shall be followed through until a determination of substantiated, unsubstantiated, or unfounded can be made.

Where allegations are referred for criminal investigation to the Delaware State Police, the Department shall ensure that the cases are referred promptly, and that a designated staff representative follows the case until it is determined to be substantiated, unsubstantiated, or unfounded.

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or staff.

An alleged victim shall not be required to submit to a polygraph examination as a condition of proceeding with the investigation of an allegation.

The departure of the alleged abuser or victim from employment or control of the facility or Department shall not provide a basis for terminating an investigation.

#### SCI 8.60

Shift Commander:

- Step #5-Secures the crime scene in accordance with SOP.
- Step #8-Collects the alleged perpetrator's and victim's clothing maintaining a chain of custody in accordance with SOP, until it can be turned over to the Delaware State Police.
- Step #9-If the victim is transported to a hospital, collects the victim's clothing before exit from the facility and maintains a chain of custody.
- Step #10-Call the hospital to report a rape victim is being transported.
- Step #11-Maintains the custody of evidence until it can be turned over to the Delaware State Police.

\*Current policies regarding agency investigations were reviewed during this audit. Existing policies and procedures comply with the standard.

### **Standard 115.72 Evidentiary standard for administrative investigations**

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

**Auditor 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.**

#### OC 8.60

The Department standard for determining whether an allegation of sexual abuse is substantiated shall be no higher than a preponderance of the evidence.

\*The agency standard of the preponderance of evidence is in place and complies with this standard.

### **Standard 115.73 Reporting to inmates**

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

**Auditor 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.**

DOC 8.60

The victim, and any third party reporter, will be notified in writing that a case has been closed as substantiated, unsubstantiated, or unfounded. A designated DDOC staff member, at the facility where the victim is housed, will notify the victim of the progress in any case where an arrest is made or prosecution against the perpetrator is pending. The victim will be notified in writing when the case moves from one step of the criminal adjudication process to the next.

The Department’s obligation to report to the alleged victim shall terminate if the offender is released from the Department’s custody.

SCI 8.60

Where a staff member is alleged to have committed sexual abuse (except in cases where the case is determined as unfounded), the facility shall inform the alleged victim when:

- a. The alleged staff member is no longer posted in the offender’s unit
- b. The alleged staff member is no longer employed at the facility or with the Department
- c. The agency learns that the alleged staff member is indicted
- d. The agency learns that the alleged staff member has been convicted

\*The existing policy of the requirement to report to inmates was reviewed. This requirement specified that the reporting can be completed informally, verbally, or in writing regarding any allegation of sexual abuse. This reporting would be completed whether substantiated, or unsubstantiated following the completion of the investigation. The outside entity conducting these investigations would be the Delaware State Police. Contained in this communication to the inmate regarding allegation of staff would include the status, location, and any court involved information relevant to the case.

**Standard 115.76 Disciplinary sanctions for staff**

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

**Auditor 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.**

DOC 8.60

Staff shall be subject to disciplinary sanctions up to and including termination for substantiated cases of sexual abuse or sexual abuse.

Where sexual abuse is substantiated during an administrative investigation, the Department shall report this information to the Delaware State Police for possible prosecution.

DOC 9.12

Disciplinary action will be progressive, where applicable, and as prompt as is reasonably possible under the circumstances of each case. Disciplinary actions will be applied consistently throughout the Department taking into account the circumstances of each occurrence and any aggravating or mitigating factors.

\*Violations for agency sexual abuse or sexual harassment policies were reviewed. These policies clearly articulate the necessary steps for the agency to respond to violations of sexual abuse and sexual harassment.

### **Standard 115.77 Corrective action for contractors and volunteers**

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

**Auditor 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.**

#### DOC 8.60

When a case of sexual assault is substantiated against a vendor or volunteer, the Department shall bar that individual from further contact with offenders, and shall refer the case to the Delaware State Police for possible prosecution.

\*Existing policy was reviewed for volunteers and contractors expectations of behavior. This policy clearly determines response to sexual abuse of inmates and the reporting to local law enforcement. In addition, this policy requires communication to relevant licensing bodies of staff.

### **Standard 115.78 Disciplinary sanctions for inmates**

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

**Auditor 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.**

#### DOC 4.2

1.24 Sexual Assault: Sexual contact with another person without that person's consent, including but not limited to rape, intentional touching of sexual areas (buttocks, breasts, genitals), kissing or embracing. Offenders may be referred for criminal prosecution.

1.25 Sexual Misconduct: Sexual contact with another person with that person's consent; indecent exposure; excessive kissing, hugging or unauthorized touching of visitors; and unauthorized possession of cross-gender wearing apparel.

2.10 Lying: Making a false statement to DOC staff with the intent to deceive. This includes false information for personal gain from good time earned or compensation.

#### DISCIPLINARY MENTAL HEALTH ASSESSMENT FORM

Offenders identified on the mental health roster as SMI or MI shall require the completion of the Disciplinary Mental Health Assessment Form by a QMHP to assist the Hearing Officer in considering the relation of the offender's mental health to the conduct of the offender as it relates to the charged offense(s).

\*The practice of disciplinary sanctions was reviewed during this audit. The existing process is formal and specific targeting inmate on inmate sexual abuse. The facility has in place counseling and other interventions to help prevent behavior of sexual abuse.

### **Standard 115.81 Medical and mental health screenings; history of sexual abuse**

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

**Auditor 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.**

#### DOC BCHS B-05

Offenders with a positive screening for sexual victimization and abusiveness shall receive a high (urgent) referral to Mental Health for further evaluation.

Immediate or emergent medical and or mental health treatment shall be provided to the victim by the onsite medical or mental health staff. The nature and scope of the crisis intervention services to be provided are determined by medical and mental health practitioners according to their professional judgement.

#### DOC 8.60

The results of these screenings will be confidential, and will only be used by staff to assist in the placement and protections of offenders from abuse.

The information from the risk screening will be used to inform housing, bed, work, education, and program assignments.

\*The screening process at the facility offers continuation of support with medical and mental health practitioners. This follow-up meeting occurs within fourteen (14) days of intake.

All inmates who have a prior history of perpetrating sexual abuse are offered follow-up meetings with mental health practitioners also within the fourteen (14) day time period. The necessary confidential practices within a correctional setting are in place.

### **Standard 115.82 Access to emergency medical and mental health services**

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

**Auditor 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.**

#### SCI 8.60

SCI will maintain a working relationship with an outside rape crisis, or rape advocacy agency to provide rape crisis services. When requested, and where applicable, the facility shall help coordinate contact with an advocate at the hospital, or upon return to a facility.

Staff Members:

- Step #2-Ensure that the victim is safe.

PREA Investigator:

- Step #15-Notifies mental health

Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment and consistent with BCHS Policy B-05.

\*Victims of sexual abuse in the facility (inmate) are responded to immediately and have twenty-four (24) hour access for emergency medical and crisis intervention services. These services are approved and reviewed by facility medical and mental health practitioners. Documentation of such events are on file and were reviewed at the time of the audit. There is no financial cost to the victim for these services.

### **Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

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

**Auditor 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.**

SCI 8.60

Shift Commander:

- Step #4-If a medical emergency exists; ensure that the victim receives medical attention.

\*All inmates who have been victimized are offered medical and mental health evaluations. The facility attempts a mental health evaluation on inmate abusers within a specific time frame (60 days).

### **Standard 115.86 Sexual abuse incident reviews**

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

**Auditor 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.**

DOC 8.60

The Department shall conduct a sexual abuse Critical Incident Review (CIR) at the conclusion of every sexual abuse investigation. This review will be done for substantiated, unsubstantiated, and unfounded cases.

The CIR will be initiated within 30 days of completion of the investigation,

The review team shall include the facility Warden or Deputy Warden, the facility PREA Compliance Manager, a facility or internal affairs

investigator, medical/mental health administrators, the state-wide PREA Coordinator, and other staff deemed appropriate by the facility.

The Department shall review the aggregated data in order to assess and improve the effectiveness of its sexual abuse response plans, and this policy.

\*Incident review practices are in place and supported by policy, procedure and practice. These reviews only occur if the alleged incident is considered probable. As part of the practice, reports of these reviews were made available for this audit. Recommendations from these reviews are submitted to upper management for consideration.

### **Standard 115.87 Data collection**

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

**Auditor 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.**

DOC 8.60

All investigations will be documented in standardized reporting format utilizing the DACS incident and investigation applications, the Law Enforcement Investigative Support System (LEISS/DELJIS), and/or in a word document approved by the DDOC administration. Reports will include a description of the physical and testimonial evidence gathered, and the reasoning behind credibility assessments.

The Department shall collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions.

From DACS, the Department shall be able to obtain aggregated data as needed, and shall provide this information yearly to the United States Department of Justice.

The United States Department of Justice will issue an audit instrument that will provide guidance on the conduct, and contents of the audit.

\*Data collection for the DOC is accurate and uniformed targeting sexual abuse in the facilities. The collection of this data meets the (SSV) conducted by DOJ.

### **Standard 115.88 Data review for corrective action**

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

**Auditor 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.**

DOC 8.60

The Department shall review the aggregated data in order to assess and improve the effectiveness of its sexual abuse response plans, and this policy.

This report will include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

The report shall be approved by the Commissioner of Correction, and will be available on the Department's website annually.

No personal identifiers will be made publically available. Specific material that would present a clear threat to the safety and security of a facility will be redacted.

\*The data collected and aggregated is reviewed to improve effectiveness of PREA including sexual abuse prevention, training, effective response and corrective action. The agency compiles an annual report with this information.

### **Standard 115.89 Data storage, publication, and destruction**

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

**Auditor 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.**

DOC 8.60

An annual report of its findings and corrective actions for each facility, and the Department as a whole, will be prepared.

and will be available on the Department's website annually.

No personal identifiers will be made publically available. Specific material that would present a clear threat to the safety and security of a facility will be redacted.

\*The agencies policy on data storage was reviewed at the time of the audit. Data storage is securely retained and posted through its' website annually. All data is secured for a ten (10) year time period.

### **AUDITOR CERTIFICATION**

I certify that:

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

Michael Radon

July 8, 2017

Auditor Signature

Date