

PREA AUDIT: AUDITOR'S SUMMARY REPORT

COMMUNITY CONFINEMENT FACILITIES



Name of facility: Sussex Community Corrections Center, Sussex Work Release			
Physical address: 23207 North Dupont Blvd., Georgetown, De 19947			
Date report submitted 04/26/2015			
Auditor Information Marilyn (Lynn) McAuley			
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Date of facility visit: 03/25/2015			
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephonenumber: 302-856-5790			
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> X State
	<input checked="" type="checkbox"/> Private not for profit	<input type="checkbox"/>	<input type="checkbox"/>
Facility Type:	<input checked="" type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> X Community based confinement facility	<input type="checkbox"/> Other:
	<input type="checkbox"/> Halfway house		
	<input checked="" type="checkbox"/> Alcohol or drug rehabilitation center		
	<input type="checkbox"/>		
Name of Facility Head: William Oettel		Title: Warden	
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Agency Information			
Name of agency: Delaware Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Oklahoma			
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AUDIT FINDINGS

NARRATIVE:

The Prison Rape Elimination Act (PREA) Audit for the Sussex Work Release, Sussex Community Corrections Center (SWR) from initial notification through this auditor’s Summary Report Community Confinement Facilities PREA Audit final report began February 2015 with the notice that the Delaware Department of Corrections through the American Correctional Association (ACA) had scheduled a PREA Audit with a tour date of March 25-27, 2015, of the Sussex Work Release, Sussex Community Corrections Center, Georgetown, Delaware. PREA Certified Auditor Marilyn (Lynn) McAuley was notified by ACA e-mail of her appointment and schedule.

The audit process started with contact from Mike Records, Agency-Wide PREA Coordinator, Delaware Department of Corrections, Dover, Delaware and SWR Facility PREA Manager Lt. Scott Ceresini. PREA Manager Ceresini sent a USB thumb drive to the auditor. The thumb drive contained essential information; the daily facility count for twelve months prior to the audit; the check list file for each standard including copies of compliance documents; Department and Facility Mission Statements; Memo confirming no detained Residents solely for Immigration purposes; Sussex Community Correction Center Orientation Manual for all new DOC Staff, volunteers, contractual and temporary staff; Plot Plan with camera location; and the PREA Audit: Pre-audit Questionnaire Community Confinement Facilities. A tremendous amount of material was included on the USB thumb drive. The daily facility count identified the daily population for the 1st, 10th, and 20th day of the month for the past twelve months. The 39 standards folders (one for each standard) contained substantiated compliance documentation for each of the standards

addressing: interviews, health appraisals of the incoming inmates, and treatment of offenders with intersex conditions, gender identity disorder, gender dysphoria, and staff personnel discipline forms. The Pre-audit Questionnaire provided the necessary information to complete a good portion of the PREA Audit: Auditor Compliance Tool, Community Confinement Facilities, and PREA Compliance Audit Instrument Checklist of Policies/Procedures and other Documents, Community Confinement Facilities in advance of the site visit. The Questionnaire provided a lot of material that was comprehensive, specific, and very helpful to the auditor.

The PREA Resource Audit Instrument used for Community Confinement Facilities was furnished by the National PREA Resource Center. To summarize, there are seven sections, A through G, comprised of the following: A) Pre-Audit Questionnaire, sent by Delaware Department of Corrections; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation.

Following the protocols of making contacts, and checking on the posting of notices (posting was initiated through the American Correctional Association (ACA) and the facility, Sussex Violation of Probation Community Corrections Center) the auditor, on her own, began review of the Pre-Audit Questionnaire and the material sent prior to discussion and the audit visit. Each item on the thumb drive was reviewed. Of particular interest to the auditor was the detailed information in the Pre-Audit Questionnaire completed by the facility PREA Compliance Manager (PCM), and the PREA Agency-Wide Compliance Coordinator in March 2015. Also, in this preliminary review, special interest was taken in the compliance documentation provided for each standard. The information from the standards files was used to complete a good portion of the information on the PREA Compliance Audit Instrument Checklist of Policies/Procedures and other Documents in advance to identify additional information that might be required. Also, included on the thumb drive was; PREA 2015 Refresher Training Power Point; memo from PREA Compliance Manager that no detained Residents were held solely for Immigration Purposes; Sussex Community Correction Center Orientation Manual for all new DOC Staff, volunteers, contractual and temporary staff; Site Plan SWR; SWR Daily Population and Sussex CCC organizational chart.

The Delaware Department of Corrections contracted with ACA to do the PREA Audit of Sussex Violation of Probation, Community Correctional Center March 25-27, 2015, Sussex Work Release Community Corrections Center March 25-27, 2015 and Sussex Correctional Institution March 23-25, 2015. Also, PREA and American Correctional Association Accreditation technical assistant audits were being conducted at other facilities and a dinner meeting was held in Wilmington, Delaware the evening of Sunday, March 22, 2015. Attending the dinner meeting were Robert Coupe DOC Commissioner, Christopher Klein Chief Bureau of Prisons, Joanna Champney Chief of Planning, Michael Records Agency-wide PREA Coordinator, the two PREA auditors and two ACA Accreditation Auditors.

The auditor stayed in Georgetown, Delaware and was transported to SWR daily with staff from the facility. The site visit began at noon on Wednesday, March 25, 2015 with arrival at SWR. The Auditor and PREA Compliance Manager entered SWR and proceeded to the Deputy Warden Ernest McBroom's office. During a brief meeting with the Deputy Warden, PREA Coordinator, PREA Compliance Manger the audit schedule and intent of the audit was discussed. A tour of SWR followed immediately after the short introductory meeting. Utilizing the PREA Compliance Audit Instrument for PREA Audit Tour the tour included intake/reception/screening area, all housing

units, including samples of individual rooms and all dormitories, health care including mental health, recreation, cafeteria, and work and program areas. During the tour of the facility the auditor observed the areas, interviewed administration, program, medical, mental health and security staff and residents and checked for "blind-spots" in all levels of custody.

After the tour the auditor was given a package including; SWR list of Employees with Offender Contact; SWR Resident Roster; PREA Report Delaware Department of Corrections 2013; Sussex Community Correction Center Staffing Plan; Sussex Community Correction Center Offender Orientation Manual (34 pages); and various PREA Forms. At this time, a review of the inmate population was made and random residents were selected from each housing unit for interview by the auditor. Random selection from a list of residents as of March 25, 2015 resulted in 10 of 129 (7.8%) residents inmates selected from four tiers to be interviewed in the Housing Units.

The official tour was completed Wednesday afternoon, but followed up with revisits Thursday and Friday to medical, housing, investigation staff, and records. The PCM established interviews for the auditor in rooms in the administrative area, medical offices, offices of specialized staff and housing units. Utilizing the PREA Compliance Audit Instrument – Interview Guide for Specialized Staff twelve (15) staff were interviewed. As per the PREA Compliance Audit Instrument – Interview Guide for a Random Sample of Staff twelve (18) staff were selected including 12 correctional officers who have contact with adult residents. There are three work shifts for security staff including; 8:00 a.m. to 4:00 p.m.; 4:00 p.m. to Midnight; Midnight to 8:00 a.m. Staff interviews were also set up with the selection of random staff from each shift, specialized staff to include intermediate or higher-level facility staff, medical and mental health staff, administrative staff, volunteers and contractors, investigative staff, staff that perform screening for risk of victimization and abusiveness, incident review team members, intake staff, staff charged with monitoring retaliation, and others designated by the interview protocols. The PREA auditor proceeded with interviews after the tour and continued Thursday and Friday. Interviews, review, and observations included meeting directly with each of the selected residents and reviewing screening materials, documents, and resident file screens as appropriate. This process re-emphasized to the auditor, SWR Community Corrections Center's commitment to PREA law. The auditor commented on how much information was received in these formal and informal interviews.

The following days, the auditor reviewed the 39 PREA Standards and the Pre-Audit Questionnaire with the facility PREA Compliant Manager providing documents to complete with the following PREA Audit tools: Auditor Compliance Tool and PREA Compliance Audit Instrument Checklist of Policies/Procedures.

A final review of the PREA Audit: Pre-Audit Questionnaire and the PREA Compliance Audit Instrument Checklist of Policies/Procedures and other Documents confirmed SWR had provided the necessary access to documentation for the auditor to confirm that all 39 PREA Community Confinement Facilities Standards met the criteria to be considered compliant. There were no issues rising to the level of PREA noncompliance. The auditor concluded the interview and tour process. The auditor indicated that she would have an interim/final report within 30 days. At this time she would have reviewed her notes and have had discussions with the PREA Compliance Manager and PREA Coordinator and arrive at conclusions on each standard. The auditor noted there were no red flags that had come to the auditor's attention and moreover, she was positively impressed with the SWR's commitment to the PREA audit process.

The Delaware Department of Corrections takes the PREA Standards seriously and a major priority. In anticipation to having the official PREA Audit the Agency Wide PREA Coordinator did a Mock Audit of the two facilities at the SCCC and the Sussex Correctional Institution resulting in a few standards non-compliant. An action plan was implemented and corrective action taken so all 39 PREA Standards results now are 38 compliant and one non-applicable.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Delaware Department of Corrections (DDOC), Bureau of Community Corrections (BOCC) manages the Sussex Community Corrections Center (SCCC) that consists of the following components: Crest Substance Abuse Treatment Program (CREST), Sussex Work Release Center (SWR) and Sussex Violation of Probation Center (SVOP). The Sussex Community Corrections Center is located in Georgetown, Delaware. Each facility and program is classified as Level IV (4), house arrest in a community custody program. Sussex currently accommodates male and female offenders in each of its programs.

Sussex Work Release Center is a 248 bed designed capacity community-based facility. During the last calendar year the SWR's population has routinely been under the design capacity with an average population of 145. Population on the first day of the audit was 129 residents. The SWR is in a two story building housing residents in four tiers on the same site as SVOP. The SCCC does not have any security fences around the buildings. The SWR program has residents in a transition program for offenders preparing to live in the community full-time. Work release is a program in which offenders seek employment, attend outside medical appointments and participate in mandated treatment programs. Offenders return to the facility at night to sleep. An offender can be ordered by a court to participate in work release or can be classified to the program by the Department. Some offenders come to work release after a prison stay. Some come directly from the community. Offenders normally stay in work release less than one year with the average stay of 46 days for sentenced residents and 34 days for detention residence.

The mission of the Delaware Department of Corrections is "Protect the public by supervising adult offenders through safe and humane services, programs and facilities." The mission of Bureau of Community Custody and Supervision is: "to promote public safety through the effective supervision of offenders placed under community supervision, SENTAC Levels I-IV; to provide supervision, programs and treatment services that promote long-term, self-sufficient, law abiding behavior by offenders; and to support effort that make victims whole in accordance with Delaware law."

Sussex WR Community Corrections Center (SWR) is a design capacity 248-bed community-based supervision facility with offenders housed in four tiers in a two story building. The day of the audit the population was 129 residents. .

This facility and has 79 authorized positions with 68 security, 7 administration and 4 support. At the time of the audit there were 78 filled (98.7%) and one vacant (1.3%) position. The facility has 59 (86,8%) male and 9 (13.2%) female security staff. While at SVOP Community Corrections

Center, staff was formally interviewed from scripted questions. Each of the three shift have 9 security staff on duty.

The PREA audit for SCCC is processed separately for SVOP and SWR. A number of statistics requested on the PREA AUDIT: PRE-AUDIT QUESTIONNAIRE, COMMUNITY CONFINEMENT FACILITIES are not available as the data is compiled for SCCC and not individual for SVOP and SWR. The Department is in the process of being accredited by the American Correctional Association (ACA) and SVOP and SWR being accounted together created difficulties in the audit process. Separating SVOP and SWR to be stand-alone facilities and not under the Sussex Community Correction Center is a priority with the Department and it is expected to be completed by the next PREA audit.

SUMMARY OF AUDIT FINDINGS:

Facility demographics.

Rated capacity: 248

Actual capacity: 145

Age range of population: 19 – 69

Average length of stay: Sentenced 46 days and detention 34 days

Security: Level four Quasi incarceration

Number of full-time staff: 79; (7) Administrative, (4) Support, () Program, and (68) Security

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 0

Number of standards met: 38

Number of standards not met: 0

Number of standards non-applicable: 1

§115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

The Delaware Department of Corrections established a Department Prison Rape Elimination Act (PREA) Policy #8.60 with updates periodically to ensure compliance with PREA Standards. The latest approved Policy #8.60 update is dated April 7, 2015. The Bureau of Community Corrections has Policy #8.6 and #2.5 titled Prison Elimination Act (PREA). It is the policy of the Delaware Department of Corrections to provide a safe humane and secure environment for all offenders. The agency supports and administers a program of education, prevention, detection, response, investigation and tracking of all reported acts of sexual assault and harassment. Punishment for the perpetrator is enforced. This policy requires DOC maintain a zero tolerance for offender-on-offender sexual assault, staff sexual misconduct and sexual harassment toward offenders. Every allegation of sexual assault, misconduct and harassment is thoroughly investigated. PREA posters in both English and Spanish are displayed throughout each facility and are visible to all staff, offenders and visitors.

The auditor received a comprehensive outline of this Zero Tolerance Policy, beginning with 1) administration and designation of staff, 2) offender management and services, 3) offender screening and assessment, 4) reporting allegations, 5) investigation, 6) training and education including an Orientation Manual for all new DOC Staff, Volunteers, Contractual and Temporary Staff with specific PREA information and requirements and 7) data collection followed up with additional administrative considerations. Staff participation in the program is essential in implementing, monitoring and improving the Zero Tolerance Policy while identifying aggressive behavior and taking the necessary steps to ensure the safety and security of Delaware correctional facilities. Delaware's Prison Rape Elimination Act Policy is essential to the operations at SVOP and is adhered to at all times to ensure continuity and professionalism throughout the system as confirmed by observations, review of documentation and interviews with staff, contractors, volunteers and inmates.

The Zero Tolerance Policy says the agency shall designate a PREA Agency-Wide Coordinator to oversee agency efforts to comply with PREA standards. Each facility (minimum security and above) assigns one staff member as the facility PREA Compliance Manager with overall responsibility of coordinating facility efforts to comply with PREA standards. Mike Records is the Agency-Wide PREA Coordinator. Lt. Scott Ceresini is the facility PREA Compliance Manager and per review of organizational charts it was noted that he has direct access to the Warden. The State-wide PREA coordinator and the SWR PREA Compliance Manager when interviewed using the structured PREA Audit Tools indicated they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Of particular note is that staff and inmates have complete knowledge of the zero tolerance of sexual abuse and sexual harassment when interviewed by the auditor. The Zero Tolerance Policy is posted in the housing units and the subject is a major part of training to new staff, existing staff and residents on a regular basis. Through discussions with staff and inmates, observation of bulletin boards, posters, handouts and materials, review of inmate and staff handbooks, and personnel policies, it is clear that Sussex WR Community Corrections Center is committed to Zero Tolerance of sexual abuse and sexual harassment.

§115.212 - Contracting with other entities for the confinement of residents

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

Delaware Department of Corrections (Interstate Corrections Compact Policy #4.13) has not entered into or renewed a contract for the confinement of residents. The Department Interstate Corrections Compact #4.13 and Per the PREA Resource Center Interstate transfers of inmates between public confinement agencies pursuant to the Interstate Agreement on Detainers (18 U.S.C. App. 2) or pursuant to existing national or regional Interstate Compacts for Corrections (authorized by state statutes) are exempt from the requirements set forth in standards 115.12, 115.212, and 115.312 where: (1) compensation for day-to-day inmate expenses is achieved only through reciprocal transfers of inmates; and (2) the transfers are primarily initiated by the inmate or with the consent of the inmate.

§115.213 – Supervision and Monitoring

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

The SWR is a female and male community based supervision facility that houses residents in a transition program preparing them to live in their community full-time with staffing and

perimeter security outlined in the description of the facility. The Deputy Warden, PCM and staff, including the Human Resource Department's comprehensive involvement, have assured staffing according to the needs and priorities set by the agency. The Sussex Community Correction Center includes both the Sussex Violation of Probation and Sussex Work Release that in the last 12 months SCCC has had an average daily population of 348 with the capacity at 498. Delaware DOC Staffing Policy #1.4 mandates the Department provide sufficient staff to ensure efficient operations consistent with its mission. The average offender to security staff ratio for the last 12 months was 5.3:1. SCCC routinely review the staffing plan, recruitment policies, and institutional needs to assure the safety of staff and residents. Department Facility Security #8.28 states that space is designated at each facility for a 24 hour continuously staffed secure control room for monitoring and coordinating the facility security, life, safety and communications systems permanent logs, events and incidents. Tour of the facility, review of documents/logs, interview with staff and observations confirm that this standard is a priority.

The auditor reviewed compliance documents including DCOC #8.6, Staffing #1.4, the SCCC Staffing Plan, Correctional Healthcare Services Staffing #11-C-07, and the Facility Plot Plan with camera locations and found adequate levels of staffing is a priority and is monitored and updated annually. Video monitoring with 33 cameras assist staff in protecting offenders against sexual abuse. Interviews with staff and residents confirmed they felt safe at SWR.

§115.215 – 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)

Delaware DOC Policy #8.6, Cross Gender Supervision of Offenders #8.75 and Contraband: Searches, Seizures and Disposition #8.32 addresses limits to cross-gender viewing and searches. The policy states when the gender of the housing unit changes to the opposite gender a notification will be made to offenders announcing the staff member's presence when entering the housing unit, an offender shall be able to shower, perform bodily functions and change clothing without non-medical staff of the, opposite gender viewing them except in exigent circumstances, strip searches and visual body cavity searches will be conducted by gender specific staff and cross-gender strip searches shall be documented.

Policy, procedures and training governing cross gender viewing and searches were reviewed as well as actual searches conducted during the audit visit. Policy does allow cross gender strip and cross gender visual body cavity searches of inmates in emergency situations. Since SWR has female residents if a female office is not available then a female officer will be requested from the Sussex Correctional Institution a prison located adjacent to SWR. However, no cross gender viewing or searches are conducted absent exigent situations.

Interview of offenders and staff confirmed there were no cross-gender pat searches being done.

Interviews, observations and review of policies, procedures and training curriculum confirmed staff of the opposite gender announces their presence when entering resident housing and follow PREA standards. It was confirmed by interviews with staff and residents that residents can perform bodily functions, change clothing and shower without staff of the opposite gender completely viewing them. Modifications in these areas were completed during the audit to ensure privacy. Residents and staff felt there was a confident sense of privacy. All staff received training in conducting counts, and unannounced rounds to help assure compliance with the standard that limits cross gender viewing and searches. The DOC PREA 2015 Refresher training addresses PREA Standards and pays particular attention to searches.

§115.216 – Residents with Disabilities and Residents who are Limited English Proficient

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

Delaware DOC Policy #8.6, BOCC #2.5 and SWR #8.6 provides disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment and provide inmates with limited English proficiency equal opportunity. Agency policy prohibits use of inmate interpreters or other types of inmate assistants except in limited circumstances where there may be an extended delay in obtaining an effective interpreter. The Department does not allow residents interpreters, resident readers, or other types of resident assistants and has established procedures to assist limited English proficiency equal opportunity. In the past 12 months, there have been zero (0) use of inmate interpreters, readers or other types of inmate assistants. Review of documentation, interviews with staff and residents, and observations confirm that disabled residents are provided equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

§115.217 – 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)

Delaware DOC #8.6 pertaining to criminal background checks, promotions, hiring of employees and contractors, and policy concerning criminal background checks of current employees and contractors was reviewed by the auditor. The policy says the Department does not hire or promote anyone who may have contact with offenders, does not enlist the services of any contractor who may have contact with offenders, who: has engaged in sexual abuse in any institution, been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated of engaging or attempting engage in sexual activity in the community. The review reveals that before the hiring of any new employee who has contact with inmates, a criminal background check is done. Additionally, agency policy requires criminal background record checks be conducted at least every five years and that there is a system in place to do the record checks. New hires and promotions required individuals to complete information asking about previous sexual misconduct in writing on application and/or interviews for hiring or promotion. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. There were no personnel files to review as there were no new hires for SWR during the last year. New staff is transferred from other Department facilities. Check list and documents were provided to review and staff was interviewed. It was evident that the agency policy and PREA law were being followed concerning hiring, promotional decisions and background checks. It is apparent that this standard is taken seriously and is a priority.

§115.218 – Upgrades to Facilities and Technology

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

The SCCC facilities SVOP and SWWR did not acquire any new facilities or make any substantial expansions or modifications of existing facilities since August 20, 2012. During the interview process DOC Commissioner advised that the RFP, that the design company, architect, and/or construction company be familiar with the mandates of PREA, and that they design any new building or renovation to eliminate blind spots, or areas where abuse may be likely to occur. This design should be supplemented by video monitoring technology to allow staff and inmates to be viewed at all times except when changing, showering, or performing bodily functions. The design company would be requested to consider the requirements for adequate staffing and ensure the required number of staff is budgeted with the new building/addition.

The SCCC upgraded camera equipment with some additional cameras for a current total of 33 Cameras at SWR and 53 cameras at SVOP. Per DOC policy #8.6 when purchasing and deploying the new video monitoring equipment, the Department considered what effects these upgrades and purchase would have on its ability to protect offenders from sexual abuse.

No cameras directly interfere with inmates' ability to shower, dress, and perform bodily functions with some privacy. Comprehensive supervision and limited access to blind spots, or unsupervised areas assist with prevention of sexual assault/sexual abuse.

§115.221 – 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)

Delaware DOC is responsible only for administrative sexual abuse investigations with the Delaware State Police responsible for criminal sexual abuse investigations. Delaware DOC Policy #8.6, Bureau of Community Corrections Policy #8.6 and #2.5, and Sussex Community Corrections #8.6 require the facility maintain or attempt to enter into MOU or other agreements with community service providers who are able to provide offenders with confidential emotional support services related to sexual abuse. Delaware DOC has a MOU with ContactLifeline to assure a unified effort between the entities involved to provide inmate-victims with confidential emotional support services, and the ability to report sexual abuse to an outside third-party pursuant to the Prison Rape Elimination Act. These policies assure PREA trained investigators follow a uniform evidence protocol through the use of the Sexual Abuse Checklist operating memorandum. Emergency medical healthcare along with forensic examinations by SANE/SAFE staff are procured from BDE Health Care in Lewis, Delaware where SANE/SAFE staff are available 24/7. The auditor interview a SANE nurse who confirmed the policy was being followed. The facility offers all inmates who experience sexual abuse, access to forensic medical examinations without financial cost to the victim. There have been no forensic medical examinations by SANE/SAFE staff for SVOP residents during the past 12 months. The auditor reviewed Bureau of Correctional Healthcare Services Policies Federal Sexual Assault Reporting Regulations #11-B-04 and Procedure in the Event of a Sexual Abuse #11-B-05 other document provided by SWR, interviewed staff including investigation staff. Based on the information provided to the auditor, interviews with staff and residents, and observations the Department has developed and implemented the necessary policies for this standard and has documents that the policies are being followed.

§115.222 – 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)

Delaware PREA Policy #8.6 ensures administrative investigations of sexual abuse, and/or sexual harassment of an offender, considered an emergency incident, and conducted promptly and thoroughly, and is followed through until a determination of substantiated, unsubstantiated, or unfounded can be made. All investigations are documented in standardized reporting format utilizing the DACS incident and investigation. Where allegations are referred for criminal investigation to the Delaware State Police, the Department will 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 number of criminal and/or administrative investigations of alleged inmate sexual abuse and harassment that were received in the past 12 months was ten (10). During the past 12 months, the number of allegations resulting in administrative investigations was 10 and during the past 12 months, the number of allegations referred for criminal investigation was 1. Agency policies and the facility procedure comply with PREA requirements relating to allegations and the investigation of such. The agency and facility both document all allegations of sexual abuse and referrals of allegations of sexual abuse and sexual harassment for criminal investigation. Review of policies and substantiating compliance documents, interviews with staff and residents confirm this standard is compliant at SWR.

§115.231 – 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)

Delaware's PREA Policy #8.6 addresses all ten points of the PREA Employee Training Standard. The facility PCM provided a copy of the Orientation Manual for all new DOC Staff, Volunteers, Contractual and Temporary Staff to the auditor for review. Training records, staff interviews and curriculum review indicated that staff at the SWR was well-trained. Staff is knowledgeable about the Zero Tolerance Policy for sexual abuse and sexual harassment. They were clear on how to perform their responsibilities in detection, reporting and responding. Staff has received PREA written documentation outlining the Delaware's mission statement, the officers' code of ethics and a list of pertinent, timely items such as first responder duties, emergency situations and safe prisons program. Interviews with staff showed they were able to identify with the Department's policy on Zero Tolerance and the

requirement of Coordinated Response to an Incident of Sexual Abuse for First Responder and Supervisory Staff. The Employee training covers information and notices detailing Zero Tolerance Policy for sexual assault/abuse, red flags suicide prevention and response techniques all emphasize and support the training efforts for SWR correctional staff. During past twelve months 78 staff currently employed by the facility, which have contact with residents were trained or retrained on the PREA requirements. Training is tailored to the sex of the offender at the facility where staff is assigned. Specialized training is provided for Medical and Mental Health staff and the lesson plan was reviewed by the auditor. Health Care Policy #11-C-04 provides training every two years for correctional officers. There is an informative 2015 PREA Refresher power point that was presented and made available to all staff.

The auditor, in reviewing staff training acknowledgements in interviewing staff training, noted that there is teamwork, all 78 staff trained, exhibited by the facility as a whole and there is an importance placed on professionalism and the efforts in complying with PREA standards in the daily performance of duties. Random staff interviews and random inmate interviews also clearly indicated a thorough and consistent training program.

§115.232– 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)

Per Delaware Policy #8.6 all DOC staff, contract staff, non-departmental offender work crew supervisors, and volunteers are trained and understand the agency's Zero tolerance for sexual abuse or harassment and retaliation against an offender or employee in any form as a result of reporting an allegation of sexual abuse/harassment.

The auditor interviewed individuals in a random number of volunteer and contractor categories and found they have been trained in their responsibilities and requirement of the zero tolerance policy. The HR records and an interview with HR staff, show all volunteers and contractors who have contact with inmates have been trained in their responsibilities under Delaware's policies which include procedures regarding sexual abuse/harassment prevention, detection, and response. In the past 12 months, 55 volunteers and contractors were trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection and response. The agency uses volunteers and contractors and this standard is a priority for the facility and is confirmed by the auditor.

§115.233 – Resident Education

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

Delaware DOC PREA policy #8.6 ensures every offender receive a written copy of DOC's orientation material during assessment and reception both verbal and written about sexual abuse and harassment, agency's Zero tolerance standard, prevention/intervention, self-protection, how to report acts or suspicions of sexual abuse, assaults or harassment by offenders or staff to include reporting utilizing the offender PREA hotline. Residents are required to view a comprehensive video on the Department's zero-tolerance of sexual abuse and sexual harassment. Documentation of the resident attending the training is maintained by the facility.

Admission and Orientation was observed, the Resident's Orientation material, PREA Handbook for Offenders, was reviewed and interviews with staff and inmates revealed that inmates receive training and information about the Zero Tolerance Policy and how to report instances of, or suspicions of abuse or harassment. Residents received training at intake, handouts during intake, and video training during orientation. Training is updated as required. The number of residents who received information at admittance was not available but staff verified that all residents receive the training when they arrive at the facility. The number of residents admitted during the past 12 months whose length of stay in the facility was for 30 days or more, who received comprehensive education was not available. However, interviews with residents and SWR staff confirmed that the residents receive this handbook and verbal training on zero-tolerance policy. Including in the training is a very informative video reviewed by the auditor. The number of inmates in the facility, who did not receive comprehensive education within 30 days, was zero (0). Inmate PREA education is available in different formats to accommodate all inmates. Key information about the agency's PREA policy is continuously and readily available through posters, handouts and other written formats.

Compliance Documents provided by SWR and reviewed by the auditor included; Policy #8.6, Offender Orientation Posters (English and Spanish), Offender PREA Training for Offenders, Photos of Displayed Posters. The agency maintains documentation of resident participation in PREA education and resident interviews confirmed PREA education.

§115.234 – 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)

Delaware DOC policy #8.6 requires specialized training be provided for employees who may respond as part of their job duties to report incidents of sexual assault. Interview with SVOP investigative staff confirmed that the specialized training includes; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

Department Policy Investigative Responsibilities and Assistance from Delaware State Police #8.35 allows the Department to request the assistance of the Delaware State Police to supplement the Department's investigatory powers, when necessary. Initial inquiries into allegations of criminal or institutional misconduct and initial investigation into such allegations are responsibility of institution where event occurred. The warden or designee makes contact with Internal Affairs or Delaware State Police when required.

The auditor reviewed Delaware policy, along with investigator training curriculum, Personnel policy, and staff training records and found they all reflect that investigators are trained in conducting sexual abuse investigations in confinement settings and the training is documented.

§115.235 – 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)

Delaware DOC PREA policy #8.6, requires mental health and medical staff be trained to detect and assess signs of sexual abuse and/or predation, preserve evidence of sexual abuse, respond to sexual assault victims and be fully knowledgeable of DOC procedures in regard to PREA. A comprehensive power point presentation PREA for Medical Services is part of the training requirement. The numbers of medical and mental health care practitioners who work regularly at the facility are 24 and 100% have received the training required by policy. The Lesson Plan: Specialized Training-Medical and Mental Health was provided to the auditor. The agency maintains documentation showing that medical and mental health practitioners have completed the required training. Observations, review of documentation and interviews with staff and inmates confirm SWR is following policies and procedures and

is compliant with this PREA standard.

Health Care Services at SCCC (SVOP and SWR) was audited by the National Commission on Correctional Health Care June 28, 2013. There are 35 essential standards; 34 are applicable to SCCC and 34 (100%) were found to be in compliance. There are 32 important standards; 30 are applicable to SCCC and 30 (100%) were found to be compliance.

§115.241 – Screening for Risk of Sexual 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)

Delaware PREA Policy #8.6, Medical Service Receiving Screening-Intake #11-E-02, Mental Health Screening #11-E-02.1 and Intra-System Transfer Screening #11-E-03 address the 8 areas of this standard and require all offenders be screened during intake and upon transfer to another facility, for their risk of being sexually abused, or being abusive toward other offenders. This screening occurs within 24 hours, but no longer than 72 hours after arrival using the Department's Sexual Victimization/Abusiveness Quickscreen tool. Within 30 days of the offender's arrival at the facility, the offender is reassessed using the Department's more detailed Sexual Victimization and Abusiveness screening tool with further assessment done every two 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 actual number of the residents receiving the screening during the year was not available but interviews confirm the screening is being done per policy. The intake process was reviewed and the auditor observed the process. The intake process conforms to PREA standards. The form/checklist for screening, include questions regarding mental, physical and developmental disabilities and whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, and whether or not the inmate has previously experienced sexual victimization. The residents own perception of vulnerability was also pursued. The screening/intake process was well managed and thorough. This information was further related to the Warden and additional committee staff for appropriate use in housing and program placement.

§115.242 – 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)

Delaware DOC PREA Policy #8.6 considers the screenings confidential, only to be used by staff to assist in the placement and protection of offenders from abuse. The policy requires the facility use information from the risk screening evaluation in accordance with PREA Standard in order to inform staff making housing, work, education and program assignments with the goal of keeping offenders at risk of being sexually victimized separate from those at high risk of being sexually abusive. The screening information is collected as data on an Assessment Form and used for resident housing assignment.

Interviews with intake, medical and mental health staff supported by interviews with residents as well as observation and review of documentation supports the use of the screening information as being on a "need to know" basis and consistent with appropriate custody and security.

§115.251 – Resident Reporting

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

The Delaware DOC PREA Plan Policy #8.6 has established procedures allowing for multiple internal ways for inmates to report privately to agency officials and appropriate measures to protect residence and staff from retaliation. Additionally, SWR resident's orientation training and handbook for offenders issued to each offender provides sexual assault awareness, facts for the offender who sexually assaults other offenders, rape avoidance and what to do if you are sexually assaulted. Offenders may report allegations directly to Warden, staff, entity that is not part of the agency, the Chief of Security, facility investigator, family members or by submitting a grievance. Third parties, including fellow offenders, staff members, family members, attorneys, and advocates, shall be permitted to assist offenders and request for administrative remedies relating to an allegation of sexual abuse. Emergency grievances alleging substantial risk of imminent sexual abuse may be filed. This information is attainable in inmate handbooks, posters, bulletin boards, information handouts, libraries and, of course, through staff.

Review of policies, procedures, interviews with inmates and staff and observations revealed that inmates know how to report sexual abuse and sexual harassment and staff knows how to report sexual abuse and sexual harassment indicating they are well informed of their rights under PREA.

§115.252 – Exhaustion of Administrative Remedies

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

The Delaware Department Policy #8.6 and SWR #4.3 and #4.4 have procedures for dealing with inmate grievances regarding sexual abuse along with policy and procedures for filing emergency grievances alleging that a resident is subject to substantial risk of imminent sexual abuse. Facility SWR #4.4 Offender Grievance Procedure addresses offender grievances and management of offender grievances is available to inmates and staff and appears in the Sussex CCC Offender Orientation Manual. Grievances are allowed at any time regardless of when the sexual abuse occurred. Additionally, the Offender Manual and DOC PREA Plan cover these topics. In the past 12 months, there were no grievances filed alleging sexual abuses. Review of the documentation, observations, interview with staff, and residents confirm they are aware of the grievance process and policies and procedures are being followed.

§115.253 – Resident Access to Outside Confidential Support Services

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

Delaware PREA Policy #8.6 requires the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates address, telephone numbers for local, state, or national victim advocacy or rape crisis organizations with toll-free hotline numbers when available. Residents are given access to outside confidential support services information when they arrive at the facility and view the PREA video, posters shown in the facility and a PREA handout given when entering the facility. Also, the Policy requires SWR staff inform the offender prior to giving access to victim advocates the extent to which communications will be monitored and extent to which reports will be forwarded to authorities in accordance with mandatory reporting laws.

There are lists of outside confidential support services provided to the resident population. There is a signed Memorandum of Understanding (MOU) or agreement, dated October 15, 2014, with ContactLifeline to assure a unified effort between the entities involved to provide inmate-victims with confidential emotional support services, and the ability to report sexual abuse to an outside third-party, pursuant to the Prison Rape Elimination Act. Compliance documentation provided by SWR and reviewed by the auditor included copies of MOU. The Religious chaplains, medical and mental health staff has been trained in these kinds of

support services and works with the resident population to meet their needs. Review of documentation, interviews with staff and inmates confirm the offenders have access to outside confidential support services.

§115.254 – 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)

Delaware PREA Policy #8.6 mandates the facility provide a method to receive third-party reports of offender sexual abuse or sexual harassment made verbally, in writing, and anonymously and publicly distributes information on how to report resident sexual abuse/harassment on behalf of offenders. The SWR post advertisements with this information in the facility, developed curriculum used in mandatory PREA training, brochures, pamphlets, handouts and displays this PREA information on the agency's website. The SWR provided documentation that third-party reporting is included in the resident orientation and copies of signed document by the resident and resident interviews confirm the residents are informed and this PREA standard is compliant.

§115.261 – 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)

Delaware DOC PREA Policy #8.6 requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse/harassment that occurred in a facility whether or not it is part of the agency. Staff must also, per policy, report immediately and according to policy retaliation against offenders or staff who reports incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. Policy prohibits staff from revealing any information related to sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Delaware Internal Affairs (IA) keeps a log of all calls to the PREA hotline. A copy of this log is provided to the facility PREA Compliance Manager each month.

Review of Delaware PREA policy, SVOP Mental Health Service Orientation for new offenders, interviews with staff and offenders and signed forms confirm staff is aware and follows policy for staff reporting duties as required by the PREA standard.

§115.262 – 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)

Delaware DOC PREA Policy #8.6 requires staff to take immediate action to protect the offender immediately when knowledge, suspicion, or information is received regarding an incident of sexual abuse/harassment. The facility did not determine that an inmate was subject to a substantial risk or imminent sexual abuse during the last twelve months. The SVOP staff is very knowledgeable and well trained in their protection duties when an inmate is subject to imminent sexual abuse or risk of imminent sexual abuse. Staff interviews and review of documentation confirmed the PREA standard is taken seriously and is being followed.

§115.263 – 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)

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, it is required by Delaware DOC PREA Policy #8.6, that the Warden of the facility that received the inmate must immediately notify the facility, no later than 72 hours, where the sexual abuse is alleged to have occurred. Through review of policy and in the interview with the Warden, Assistant Warden, PCM and staff it was noted that the staff is knowledgeable of this procedure. During the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility was zero (0). However, staff has been trained and confirmed they were aware of this requirement during the staff interviews.

§115.264 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)

Delaware DOC PREA Policy #8.6 and SWR Policy #8.6 requires that upon learning of an allegation that an resident was sexually abused, the first security staff member to respond to the report shall require; separate alleged victim and abuser; preserve and protect crime scene; collect any evidence; if timeframe allows collect and protect evidence and advise offender to not take any action that could destroy evidence. Guidelines for Delaware Department of Correction (DDOC) Sexual Assault Response Team (SART) established a team that ensures the coordination of a consistent, respectful, victim-centered response to cases of sexual abuse.

In the past 12 months 8 offenders alleged that they were sexually abused. The first responders to these allegations were security staff and the time period did not allow for the collection of physical evidence. Review of policies and documentation/forms, interview with staff and observations confirmed that all staff is informed on first responder duties and are prepared to respond according to the PREA Policy.

§115.265 – 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)

Delaware DOC PREA Policy # 8.6 and Sussex Community Corrections Center policy #8.6 dictates responding to an allegation of sexual abuse requires a coordinated effort between unit first responders, security staff, investigators, medical and mental health services and facility administrators. Procedures have been outlined to provide a systematic notification in the response process following a reported sexual abuse incident. A guideline for Delaware Department of Correction Sexual Assault Response Team (SART) is to provide standardized structure and implementation of a Sexual Assault Response Team. The SART team consists of: security staff (first responder representative, institutional investigator, PREA Compliance Manager, treatment/classification unit, medical and mental health. SART teams are established to: meet the needs of the victim through crisis intervention and support services, provide a medical exam for sexual assault victims, provide a joint, effective, sensitive approach to victims of sexual assault, conduct an investigation of the reported sexual assault, document and preserve forensic evidence for potential prosecution, and communicate progress to the victim. SART meetings are held, at a minimum, in conjunction with each Critical Incident Review. The SART Plan details coordinated actions to be taken in response

to an incident of sexual abuse. Review of the SART Plan and interviews with the Warden, Deputy Warden, PCM, security, medical and mental health staff indicated a commitment by the facility leadership for handling a coordinated response to sexual abuse and sexual harassment.

§115.266 – Preservation of ability to protect residents from contact with abusers

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

Delaware DOC renewed a collective bargaining agreement in 2014. The contract under 18.3 says "It is understood and agreed that if any part of this Agreement is in conflict with mandatory Federal or State law such part shall be suspended and the parties will meet promptly to negotiate a substitute provision." According to the interview with the Commissioner the Department is permitted to remove DOC staff from the workplace during any criminal investigation or serious administrative investigation and place them on paid or unpaid suspension. This is confirmed by the auditor upon review of the agreement.

§115.267 – 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)

The Delaware DOC PREA Policy #8.6 and SCCC OP #8.6 protects all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by staff or inmates. Also, personnel policies covering sexual harassment and discourteous conduct of a sexual nature, general rules of conduct, sexual misconduct with offenders, discrimination in the workplace, also protect against retaliation. There is a 90 day monitoring time period for retaliation review. An offender 90 day monitoring form, and a staff 90 day monitoring form, as well as other intervention practices confirms the agency's commitment to prevent retaliation. The SWR PCM is designated to be the monitor for retaliation at SWR. There were no reports of sexual abuse or sexual harassment during the previous twelve months.

§115.271 – 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)

Delaware Policies DOC PREA #8, Investigations Responsibilities and Assistance from Delaware State Police #8.35, and Internal Affairs # 8.37 addresses investigations under general considerations. The policies follows: 1) a uniform evidence protocol to investigate sexual abuse and sexual harassment, 2) sexual investigations shall be conducted promptly, early, and objectively including third-party and anonymous reports, and 3) the use of investigators who have been specially trained in sexual abuse investigations pursuant the Delaware policy. Policy #8.35 request the assistance of the Delaware State Police to supplement the Department's investigatory powers, when necessary initial inquiries into allegations of criminal or institutional misconduct and initial investigation into such allegations are the responsibility of the institution where the event occurred. Additionally, the agency's policy requires reporting incidents/crimes to Internal Affairs. This policy includes the direction that allegations of conduct which appear to be criminal are referred to the Delaware State Police for prosecution. All investigations are documented in standardized, reporting format utilizing the Delaware Automated Corrections System (DACS) incident and investigation applications, the Law Enforcement Investigative Support System (LWIAA/SWLJIA), and/or in a word document approved by the DOC administration per Management Information System Policy #6.5. The Office of the Internal Affairs addresses and ensures retention of all written reports for as long as the alleged abuser is incarcerated or employed by the agency +5 years. There were no substantiated allegations of conduct that appear to be criminal and referred for prosecution since August 20, 2012.

Review of Department, Bureau of Community Corrections and SWR policies, interview with investigative staff and PCM and specialized training for investigations, and incident notification checklist, confirms this standard is considered a priority and compliant.

§115.272 – 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)

Delaware PREA Policy #8.6 imposes a standard of preponderance of the evidence for

determining whether or not allegations of sexual abuse or sexual harassment are substantiated. Interviews with specially trained investigators confirmed compliance with this PREA standard.

§115.273 – Reporting to Residents

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

The Delaware PREA Policy #8.6 requires that all inmates who make allegations of sexual abuse shall be informed as to whether the investigative finding was substantiated (sent to prosecution/sustained) or unsubstantiated (administratively closed/not sustained) or unfounded. Additionally, the offender victim shall be notified following the suspect assailant indictment or conviction on the related charge. Interviews with investigators confirm that an inmate who makes an allegation that she/he suffered sexual abuse at SWR is informed verbally or in writing as to whether or not the allegation was determined to be substantiated or unsubstantiated or unfounded following an investigation. During the last twelve months there were eight (8) administrative investigations completed with notification sent to four (7) offenders with one resident no longer at the facility. The number of investigations of alleged resident sexual abuse in SWR that were completed by Delaware State Police during the last 12 months was one and the resident was notified of the results of the investigation. There were no residents indicted on a charge related to sexual abuse within SWR during the last 12 months. Review of the Notification of Investigation Status signed by the offender confirmed the notification required by policy.

§115.276 – 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)

Disciplinary sanctions for violations of the agency's policy relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of acts committed per Agency PREA Policy # 8.6. In the personnel policies of the Delaware Department of Corrections disciplinary sanctions are listed up to and including termination for violation of agency sexual abuse and sexual harassment policies. In the past 12 months, there has been zero (0) staff from the SWR that has violated agency sexual abuse or sexual harassment policies, have been disciplined, short of terminated or been terminated. Review of Department policies, Delaware Office of Management and Budget, Human Resource

Management Policies and Procedures, Disciplining Employees Facing Criminal Charges, interviews with management and staff confirm this standard is considered serious and a priority.

§115.277 – 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)

Delaware DOC PREA Policy #8.6 and Sexual Harassment and Complaint Procedures #9.18 requires any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to Delaware State Police for possible prosecution, unless the activity was clearly not criminal, and to relevant licensing bodies and the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. In the past 12 months, there has been no contractor or volunteer terminated for personal contact with an offender. Review of documentations, interviews with staff, investigators and offenders find this standard is a priority and enforced.

§115.278 – Disciplinary Sanctions for Residents

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

Delaware DOC PREA Policy 8.6, Grievance #4.4, and Exceptional Incident Reporting #8.8 requires residents be subject to disciplinary sanctions following an administrative finding that the resident engaged in offender-on-offender sexual abuse, or following a criminal finding of guilt for offender-on-offender sexual abuse. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. There were no resident-on-resident administrative or criminal sexual abuses at SWR during the last twelve months. Review of documents, interviews with staff and

residents and observations of the Department's offender disciplinary procedure confirm disciplinary sanctions for inmates are according to the PREA standard.

§115.282 – 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)

Agency PREA Policy #8.6 and Correctional Healthcare Services Policy and Procedures #11-A-05, Patient Safety #11-B-02, Federal Sexual Assault Reporting #11-B-04 and Procedure in event of Sexual Abuse #11-B-05 mandates inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, at no cost to the inmate, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment and consistent with BCHS Policy #11-B-05. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to #8.6 and shall immediately notify the appropriate medical and mental health practitioners. Victims of sexual abuse are transported under appropriate security provisions to an outside emergency care facility capable of conducting sexual assault exams for treatment and gathering of evidence. Upon return from the outside emergency care facility the site Medical Director or designee immediately review the treatment recommendations for indicated treatment and testing and will offer the victim access to the outside agency advocate. The evaluation and treatment of such victims shall include, as appropriate, follow up services, treatment plans and when necessary, referrals for continued care following their transfers to, or placement in, other facilities or their release from custody.

Review of documentation (forms, instructions and logs), interview with staff and residents and observations indicate the appropriate policies for medical and mental health treatment have been developed, implemented and are being monitored to ensure compliance. This standard is considered a priority for the Department and the facility as confirmed during the audit process.

§115.283 – 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)

Medical/mental health treatment is outlined in the Delaware DOC PREA Policy #8.6, Correctional Healthcare Services Policy #11-A-05 and Procedure in event of Sexual Abuse #11-B-05, which further addresses ongoing care and follow-up. Victims of sexual abuse are transported under appropriate security provisions to an outside emergency care facility capable of conducting sexual assault exams for treatment and gathering of evidence. Upon return from the outside emergency care facility the site Medical Director or designee immediately review the treatment recommendations for indicated treatment and testing and will offer the victim access to the outside agency advocate. The evaluation and treatment of such victims shall include, as appropriate, follow up services, treatment plans and when necessary, referrals for continued care following their transfers to, or placement in, other facilities or their release from custody.

Review of the Department's Policy Manual and additional forms included; PREA response checklist, offenders guide to sexual misconduct, zero tolerance acknowledgement, progress notes- treatment follow up, treatment plans, referrals, and medical and mental health evaluation of abusers healthcare. Employees interviewed at the VSOP confirmed their commitment and dedication to appropriate and personalized total healthcare to the inmates. Random interviews with staff and residents also confirm well informed staff and residents. Sexual assault awareness brochures and handout materials received at intake and other information in the resident orientation document advises the inmate population of the offerings by the medical and mental health departments concerning evaluation, treatment and ongoing medical and mental health care as appropriate for the sexual abuse treatment of inmates, victims and abusers that is available to residents.

§115.286 – 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)

Delaware DOC PREA Policy #8.6 requires the Department to conduct a sexual abuse Critical Incident Review (CIR) at the conclusion of every sexual abuse investigation. This review is done for substantiated, unsubstantiated, and unfounded cases and is initiated within 30 days of completion of the investigation, absent exigent circumstances. The SWR Critical Incident Review team includes the Warden or Deputy Warden, State-wide PREA Compliance Coordinator, facility PCM, investigator, and medical/mental health. The SWR, in the past 12 months, has reviewed 5 administrative investigations of alleged sexual abuse or criminal investigations of alleged sexual abuse, excluding unfounded incidents with 5 receiving a CIR within the 30 days.

Review of notification of Review Team meeting, documentation of sexual assault/abuse incident review and interviews with top management, security and specialized staff confirm the Review Team has been trained and meets the requirements of this standard.

The Delaware Adult Correction Healthcare Review Committee, seven members appointed by the Governor and confirmed by the Senate, according to Department's Policy #8.5 meet quarterly and reviews DDOC critical incident review reports.

§115.287 – 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)

Delaware PREA Policy #8.6 and Management Information System #6.5 requires the Department collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. This data is automatically generated in the Delaware Automated Correctional System (DACS) upon completion of PREA Incident Reports. From DACS the Department is able to obtain aggregated data as needed and provides this information yearly to the United States Department of Justice.

Internal Affairs collects accurate information and data for every allegation of sexual abuse at facilities under its control. The Delaware Department of Correction, through its PREA state-wide coordinator, directs this data collection to develop a standardized instrument that includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice in an Annual Report.

A copy of the Delaware Department of Correction 2013 PREA Report was reviewed by the auditor. The Report is on the Department's website and was reviewed by the auditor.

§1152.88 – 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)

The agency PREA Policy #8.6 requires the Department review the aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies and training. The report includes 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 is approved by the Commissioner of Correction, and is available on the Department's website annually. The Department attached an addendum to the 2013 Annual PREA Report to show the comparison with the 2012 PREA Report and assessed the agency's progress in addressing sexual abuse. Effective with the 2014 PREA Annual Report will contain the comparison from previous year and include the assessment as per the standard. The auditor reviewed the Annual Reports, visited the Report on the Department's website and found the documentation necessary for

the Department to be compliant with this standard.

§§115.289 – Data Storage, Publication, and Destruction

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

The agency PREA Policy #8.6, Management Information System #6.5, Evaluation and Performance Measuring #6.8, Operations and Program Audit #8.7 and Exceptional Incident Reporting #8.8 ensures that the incident based information and aggregate data is collected and securely retained for at least ten years after date of initial collection unless Federal, State or local law requires otherwise, considered confidential information and is maintained by the Bureau of Management Services, Information Technology Unit. The Department makes available to the public its annual report on PREA on the agency’s website and the latest annual report on the website, July 1, 2012 – June 30, 2013, was reviewed by the auditor. The policy on records retention schedule and the report on records management were reviewed and confirm storage, publication, and destruction is per PREA standards.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Marilyn McAuley

Auditor Signature

April 25, 2015

Date

