

PREA Coordinator Reports to: Delaware Department of Corrections Commissioner	Number of Compliance Managers who report to the PREA Coordinator 7
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Facility Information

Name of Facility: Central Violation of Probation Center

Physical Address: 875 Smyrna Landing Road, Smyrna, DE19901

Mailing Address (if different than above): Same as above

Telephone Number: (302) 659-6100

The Facility Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Facility Type:

<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
<input checked="" type="checkbox"/> Other community correctional facility		

Facility Mission: N/A

Facility Website with PREA Information: www.doc.delaware.gov/views/prea.blade.shtml

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHS)

Director

Name: James B. Hutchins **Title:** Warden

Email: jim.hutchins@state.de.us **Telephone:** (302) 739-4758

Facility PREA Compliance Manager

Name: David Benson **Title:** Captain/PREA Compliance Manager

Email: David.benson@state.de.us **Telephone:** (302) 657-6100

Facility Health Service Administrator

Name: Christine Francis **Title:** Health Services Administrator

Email: cfrancis@connectionsscsp.org **Telephone:** (302) 659-6100/(302)739-4758

Facility Characteristics

Designated Facility Capacity: 250		Current Population of Facility: 129	
Number of residents admitted to facility during the past 12 months			779
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			227
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			619
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			723
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18 years old plus	<input type="checkbox"/> Juveniles N/A	<input type="checkbox"/> Youthful residents N/A
Average length of stay or time under supervision:			3.5 months
Facility Security Level:			Community Corrections
Resident Custody Levels:			Level 4
Number of staff currently employed by the facility who may have contact with residents:			41
Number of staff hired by the facility during the past 12 months who may have contact with residents:			0
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			1
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		9	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>Fifty video cameras are strategically located throughout the facility in the kitchen hallway, kitchen loading dock area, CREST counselor's workroom, administrative hallway, records office, front lobby, AFIS room, receiving room area, and the CREST director hallway. Monitoring of cameras are conducted the Duty Officer. The Warden, Deputy Warden, Captain and Staff Lieutenant have accessibility to monitor both the CVOP and MCCC from their offices. The retention period of video is 21 days.</p>			
Medical			
Type of Medical Facility:		Medical Office with examination rooms	
Forensic sexual assault medical exams are conducted at:		Bayhealth Medical Center, Dover, DE	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			34 Volunteers/26 Contractors

Audit Findings

Audit Narrative

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

The Prison Rape Elimination Act (PREA) Reaccreditation Audit for Central Violation of Probation Center (CVOP) located at 875 Smyrna Landing Road, Smyrna, DE was conducted January 30 – February 1, 2019. The PREA Reaccreditation audit was coordinated through the Delaware Department of Corrections (DDOC) and the American Correctional Association (ACA). Department of Justice Certified PREA Auditor, Debra Dawson was assigned to conduct the audit. The DOJ Community Confinement Facilities was utilized in determining compliance with the identified 39 standards for reaccreditation. The DOJ PREA Compliance Audit Instrument Interview Guides was utilized to conduct various offender and staff interviews.

A line of communication was developed between the Kent County Community Corrections (KCCC) PREA Compliance Manager/Captain David Benson and the State-wide PREA Coordinator Heather Zwickert. Communication was maintained via phone, emails regarding the Pre-Audit Questionnaire (PAQ), posting of audit notice and audit logistics. The PREA notice was verified as being posted on December 12, 2018, by the KCCC PREA Compliance Manager. The notification was posted in an excess of six weeks prior to the schedule audit.

The audit process began prior to the on-site visit. Specifically, the audit process begun upon the delivery of a flash drive to the auditor by Deputy Warden Kent Raymond. A completed PAQ and identified files containing supporting documentation for each of the 39 standards was provided. The auditor reviewed the PAQ which had links to Delaware Department of Corrections (DDOC) policies, procedures, various DDOC forms, memorandums, training curriculum, organizational charts, and other PREA related materials utilized by the facility to demonstrate PREA compliance.

The auditor requested additional material and documentation related to the standards during the review of documentation in an effort to determine compliance of all standards. The DDOC has two (2) Memorandum of Understanding (MOU) for services available to the offender population. The MOUs are with Contact Lifeline and YWCA Delaware Sexual Assault Response Center (SARC). The Agency also has a Memorandum of Agreement with Bayhealth Medical Center to conduct forensic examination with victims of sexual abuse. The auditor contacted each regarding their commit to the DDOC and CVOP. The auditor also reviewed the DDOC PREA website.

The auditor began the site visit on Wednesday, January 30, 2019, at 11:00 a.m., with an entrance meeting with Deputy Warden Kent Raymond, State-wide PREA Coordinator Heather Zwickert, KCCC PREA Compliance Manager/Captain David Benson. The auditor explained that a tour of the facility would be conducted and a selection of random staff from the three (3) shifts, specialized staff, random offenders and offenders identified within the target group area would be interviewed. Additionally, the auditor explained her hours of work would be extended and vary as necessary to conduct a thorough audit that would include a further review of PREA related documentation, and investigative cases.

At the conclusion of the entrance briefing the facility tour began. While touring the facility the auditor observed the notices announcing the dates of this PREA audit posted on bulletin boards throughout the building including each of the housing units. The PREA poster identified the Agency's Zero Tolerance Policy with information on how and to whom to report allegations of sexual abuse and sexual harassment, and freedom from retaliation for reporting and/or cooperating with a PREA investigation. During the tour, the auditor reviewed blind spots, staff placement, and documentation to assist in determining standard compliance. All housing units, day rooms, offender program areas, work areas, and all other areas of the facility were toured. While touring, staff were informally questioned about their knowledge of the PREA standards, procedures for reporting, services available, and their responsibilities.

The auditor was provided current rosters of staff, and offenders to select for interviews. The offender population count was 129 on the first day of the site visit. There are 34 security staff to include the Warden, Deputy Warden, and Captain/KCCC PREA Compliance Manager. The Warden, Deputy Warden and KCCC/PREA Compliance Manager are assigned responsibilities at both MCCC and Central Violation of Probation Center (CVOP). Non-security staff includes three (3) Probation and Parole Officers, and two (2) Administrative Staff. Security staffs are assigned to work three (3) eight (8) hour shifts; 2300-0700; 0700-1500; 1500-2300. Security staff was selected from each shift for interviews.

The following staff accompanied the auditor during the tour of the facility: Deputy Warden Kent Raymond, State-wide PREA Coordinator Heather Zwickert, KCCC PREA Compliance Manager/Captain David Benson, and Lieutenant Howard Kennedy.

The operation of CVOP is comprised within a one level building. Areas visited included housing units, recreation, food service, classrooms, medical, intake area, visitation, laundry, security operations, administrative offices, library, storage areas and all other areas accessible to offenders and staff. PREA posters were noted throughout the building was visible to offenders, staff and visitors. PREA posters noted the Department's zero tolerance, Investigations, Delaware Law and Confidentially when reporting PREA allegations. Information on how to report via third-party to the State Rape Crisis Center @ *7732 and the listed the DDOC State-wide PREA Coordinator Office address and phone number was posted.

There are eleven (11) medical staff, five (5) mental health and seven (7) employees with CREST a modified Therapeutic Community Aftercare Program employed through Connections Community Support Program, Inc. Volunteers are as the following: Alcohol Anonymous (15); Poly-Tech Adult Education (2); and Bible Study (17). Services provided by the Volunteers, Poly-Tech Adult Education and Bible Study are offered at both CVOP and MCCC.

The auditor conducted interviews with security, non-security, specialized staff and contract workers in addition to reviewed documentation over the course of three (3) days. The staff and offender interviews were conducted in a private setting. The auditor conducted 13 random staff interviews and 23 specialized staff interviews. Those specialized staff included: (1) DDOC Commissioner; (1) Warden; (1) Agency Contract administrator; (1) State-wide PREA Coordinator; (1) Human Resource Manager; (1) KCCC PREA Compliance Manager; (2) Intermediate or Higher-level Facility Staff; (1) Contract Health Service Administrator; (1) Contract Nurse; (1) Contract Clinical Supervisor for CREST; (1) Contract Mental Health Staff; (1) SANE; (1) Crisis Center Staff; (2) Investigative staff; (2) Staff who perform screening for risk of victimization and abusiveness; (1) Incident review team member; (1) Designated staff member charged with monitoring retaliation; (1) security staff who have acted as first responder; (2) Intake staff. A volunteer was not on duty during the site visit.

The offenders were interviewed by a random selection from unit rosters while selecting a diverse group of inmates. Rosters identifying offenders for interview within the target group were presented by the PREA Compliance Manager and Deputy Warden. A total of 36 offenders were interviewed at CVOP. There were 26 offenders selected for random interviews. Ten (10) offenders were interviewed from the following targeted groups: (2) Offender identified as Who Reported Sexual Victimization During Risk Screening; (2) Offenders who vision disabilities; (1) Offender who identified himself with a reading disability (1) Offender with a physical disability; (1) Offender identified as Limited English Proficient; (2) Offenders identified as mental health disability; (1) Hearing impaired. There were (0) offenders identified in the following target groups at CVOP for interviews: Offenders identified as Transgender/Intersex/Gay; or Offenders who reported sexual abuse. The auditor received zero (0) correspondences from offenders requesting to be interviewed and/or reporting concerns in regard to PREA. Due to the Influenza virus affecting the offender population, the auditor had limited access to the general population to conduct informal interviews.

The auditor carefully examined a sampling of personnel files, background checks, staff training files, and volunteer/ contractor files that are maintained at CVOP. There were zero discrepancies noted by the auditor in staff, contractors and volunteers' receipt of PREA education, and background checks being conducted in accordance to the PREA standards. No one is allowed entrance into the facility to work or volunteer until a thorough background check is completed.

A sampling of offender institutional files was selected for review. Documentation within the files confirmed by signature the receipt of PREA education, an initial risk screening assessment and the 30 day risk screening reassessment was conducted in accordance with DDOC policy and exceeded the PREA standards of 115.241 and 115.242.

An interview with the Institution Investigator and a review of allegations of sexual abuse and/or sexual harassment identified three (3) PREA allegations were reported within the past 12 months of the audit. One (1) staff on offender sexual harassment was reported and determined to be Unsubstantiated. The reporting offender was placed on retaliation monitoring for 90 days. One (1) allegation of sexual abuse was reported by an offender who identified others involvement. The identified offenders denied the activity. This case remained pending investigation during the site visit. One (1) allegation of offender on offender sexual harassment was reported. The alleged victim recanted his previous statements during the investigation process. The investigative findings were determined to be Unfounded.

At the conclusion of the on-site visit an exit briefing was held to discuss the audit findings with Warden Jim Hutchins; Deputy Warden Kent Raymond; Deputy Bureau Chief Mike Records; State-wide PREA Coordinator Heather Zwicker; Captain/KCCC PREA Compliance Manager David Benson; Staff Lieutenant Scott Ceresini; Staff Lieutenant Balwant Singh; Probation and Parole Supervisor Anthony Williams; Food Service Director Chris Senato; Health Services Administrator (Connections) Christine Francis.

The auditor explained the process that would follow the on-site visit. She also explained that any standard findings of “Does Not Meet” during the audit would require corrective action and a possible follow-up visit to determine compliance. Finally, the auditor made a recommendation for increased organizational skills in maintaining relevant documentation in a tracking log and increased monitoring by staff who has supervision and /or oversight relating to the PREA standards. The facility was reminded of their requirement to post the final report on the Agency’s website within 90 days of issuance by auditor.

Facility Characteristics

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

Central Violation of Probation Center (CVOP) is supervised by the Warden, Deputy Warden and Captain/KCCC PREA Compliance Manager that is also assigned to the Morris Community Correction Center. The CVOP is a level 4 minimum security facility. CVOP's design capacity is 250 offenders. The operating capacity is 300 offenders. The average daily population for FY 2018 was 134.

The facility is constructed in a one level building that houses adult male offenders only. There are ten (10) housing unit within the building. Offenders are housed in nine (9) of the housing units. Each housing unit can be locked and manually controlled by the wing officer, with clear visibility from the hallway at the front of each pod. Each of the nine housing units can accommodated 32 offenders by utilizing double bunks. Each pod also has two video cameras which are monitored in the control room of the facility (Duty Officer). A security officer is assigned to each of the nine (9) housing unit where offenders are housed. In an emergency, the shift commander and both wing officers at a minimum may respond to the emergency quickly. There are additional staff members available on the day and evening shifts. Visual control of the rest of the pods can be maintained by the control room officer. The tenth housing unit is utilized as an orientation area as the offenders progress through the CREST program (Therapeutic Community Model) The CREST program is a three (3) phrase program. Program offenders are always kept separate from other offenders.

The facility has two wings, west and east. There six (6) housing units on the West Wing where offenders are enrolled in the CREST Program are housed. All other offenders at the facility are housed on the East Wing where there are four (4) housing units. Each housing unit is equipped with four (4) individual showers, two (2) toilets and one urine. Shower curtains are installed at each shower to allow privacy. A partial wall prevents others’ view of toilet and urine use.

Two (2) holding cells are directly across from the Duty Officer area. Modesty screens are provided in each cell to allow offenders privacy when in use. Although a camera is within each of the two (2) holding celling, the modesty screens prevents observation of the toilet area. This was confirmed by the

auditor review of the control center panel cameras. The facility has only one recreation yard and it is shared by all offenders but at different times.

Since the previous PREA audit, additional cameras were installed inside the facility to cover the following areas: kitchen hallway, kitchen loading dock area, CREST counselors' workroom, administrative hallway, records office, front lobby, AFIS (Automatic Fingerprint Identification System) room, receiving room area, and the CREST director hallway. Staff remain diligent in their duties in maintaining supervision of offenders in all areas to include those areas with camera surveillance.

Dental services are provided in a mobile dental van operated by Connections. Offenders in the dental van are always supervised by one correctional officer.

In 2015, the Department of Correction entered into a Memorandum of Understanding with the Delaware State Police Mounted Patrol Unit to not only house the horses on-site, but to initiate an Equine Training Program. A horse barn was built on grounds, and up to three offenders are now assigned to work in the barn while participating in the Equine Program and are supervised by a correctional corporal. Multiple cameras are installed in the barn to provide additional surveillance coverage of areas and activities in and around the horse barn. As previously noted, the facility also holds a small number of detainees, as well as administrative commitments (C2CProgram) from Probation and Parole, which are both housed separately from the rest of the population. When offenders are considered too difficult to control at this facility, they may be transferred to a to a higher security facility.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded: 2

115.241; 115.242

Number of Standards Met: 37

115.211; 115.212; 115.213; 115.215; 115.216; 115.217; 115.218; 115.221; 115.222; 115.231; 115.232; 115.233; 115.234; 115.235; 115.251; 115.252; 115.253; 115.254; 115.261; 115.262; 115.263; 115.264; 115.265; 115.266; 115.267; 115.271; 115.272; 115.273; 115.276; 115.277; 115.278; 115.282; 115.283; 115.286; 115.287; 115.288; 115.289

Number of Standards Not Met: 0

N/A

Summary of Corrective Action (if any)

There was no corrective action identified as needed. However, recommendation for increased organizational skills in maintaining relevant documentation in a tracking log and monitored by the staff with supervision and/or oversight of the PREA standards.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of the Delaware DOC Policy 8.60 Prison Rape Elimination Act (PREA); DOC Organizational Chart; KCCC Organizational Chart; KCCC Procedure Number 8.60, the Agency meets the mandate of this standard. The Agency has written policies and procedures in place to support its mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The Delaware DOC Policy 8.60 outlines policy for Prevention Planning, Responsive Planning, Training and Education, Screening for Risk of Victimization and Abusiveness, Official Response Following an Offender Report, Investigations, Exhaustion of Administrative Remedies, Discipline, Medical and Mental Care, Data Collection and Review. KCCC Procedure Number 8.60 also address the adopted zero-tolerance policy towards all forms of sexual abuse and sexual harassment. The Agency identify the policies as being applicable to all Department of Corrections employees, contract employees, offenders, volunteers, visitors, and persons of organization conducting business with the Department of Corrections.

The Agency has employed a State-wide PREA Coordinator who is assigned to Accreditation and Compliance Planning and Research Unit Office of the Commissioner and reports directly to the Commissioner. An interview with the State-wide PREA Coordinator, confirmed she has sufficient time and authority to develop, implement, and oversee Agency's efforts to comply with the PREA standards in all of its facilities. The State-wide PREA Coordinator indicated she accomplishes this task through regular communication with all facility PREA Compliance Managers via email, phone and/or individually meetings at their assigned location. As PREA related resources are developed centrally such as Memorandums of Understanding, educational brochures/posters for offenders, Sexual Assault Response Team (SART) training, and screening tools, each PREA Compliance Manager is met with individually to discuss implementation at their facility as each facility may be ran different.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of a Contract Addendum between Delaware Department of Corrections (DDOC) and Connections Community Support Programs, Inc., and Interview with Agency Contract Administrator, the Agency meets the mandate of this standard. The Agency is public and has one contract for confinement services with The New Expectation Program that has been effective since October 1, 2014. The State-wide PREA Coordinator is assigned as the Agency Contract Administrator to monitor the fulfillment of the contract. The New Expectations Program completes the required USDOJ PREA Audits through its parent organization, Connections, CSP. New Expectations underwent its second USDOJ PREA audit in December 2018 and the final report was issued in January 2019. All PREA standards were met.

The Agency has not entered into any new contracts for confinement services within the past 12 months. The Agency has not entered into a contract with an entity that has failed to comply with the PREA standards.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of DOC 8.60 PREA; CVOP Staffing Plans; Annual Staffing Plan Reviews; Physical Layout of the Facility, Observation of Camera Placement; Interviews with Statewide PREA Coordinator, Warden and Deputy Warden, CVOP meets the mandate of this standard. The auditor reviewed Staffing Plans for Fiscal Years 2016, 2017, and 2018. The annual review is conducted in July of each year. Fiscal Year 2018 Staffing Plan was developed July 1, 2018 and approved by the Warden on October 1, 2018. CVOP's design capacity is 250 offenders. The operating capacity is 300 offenders. CVOP's population has routinely been under the design capacity for the last calendar year (average daily population for Fiscal Year 2018 = 134). Total Correctional Officer staff to offender ratio (operational design) is approximately 7. 1:1 (250 divided by total number of CO staff of 35 = 7.1). In addition to Correctional Officers, there are Probation Officers and Food Service Officers assigned to CVOP who are sworn staff and receive academy training in offender supervision prior to assignment. During weekdays, the ratio of offenders to trained staff on the day shift (0700-1500 hours) is typically 13.8:1. It is during this time that the majority of program activities, offender work assignments, and offender movement occur. There are five Correctional Officer security posts within the building, which will always be fully staffed during this first shift. Additionally, Monday through Friday, there is one Staff Lieutenant, one Sergeant assigned primarily to the receiving room, three Probation Officers, one Food Service Officer, and seven Correctional Officer community work program officers. When offsite, the community work program officers will have up to 8 offenders from the facility in their care and control. On weekends and holidays, the ratio drops to 41.7:1. The evening shift (1500-2300 hours) ratio of offenders to trained staff is typically 41.6:1 during times of offender movement, and 50:1 when movement is restricted. The night shift (2300-0700 hours) ratio is typically 41.6:1 during times of offender movement, and 62.5:1 when movement is restricted.

CVOP has developed, documented, and makes its best efforts to comply with a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, mirrors, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, CVOP has taken into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); 6) The composition of the inmate population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) Any other relevant factors which included: the current number of correctional officer staff is considered sufficient to adequately maintain security and safety at the facility; the number of fights, assaults, disorderly incidents, and sexual abuse allegations are evaluated by the administration and are not considered significant at this time; no additional staff has been requested; regular supervisory checks ensure correctional staff is at their assigned posts and performing their post orders; staffing ratios are highest during times of offender programming and movement; schedules may be adjusted, when needed, to ensure sufficient staff is present for special activities/presentations or when abnormally high levels of offender movement is predicted; correctional staff receive required refresher training every year and additional training when available; facility procedures and post orders are designed to enhance safety; voluntary overtime and, when needed, the holding of staff over an additional shift (otherwise referred to as a 'freeze') are utilized to ensure the facility does not go under minimum staffing.

An interview with the State-wide PREA Coordinator, confirmed each facility examines the layout of all areas of its physical plant, identified blind spots, and needs for video monitoring. Request is then submitted for cameras or staffing changes which have been made to better supervise/monitor areas that are of the greatest concern in offenders' safety. The offender population is always taken consideration in the staff plan. When offenders are identified as special issues offender, placement in housing where more cameras are available is considered as a preferred placement and areas where continual greater concentrations/visibility of staff is considered. Each time a Critical Incident Review (CIR) is conducted, the CIR team considers if staffing, facility layout/design, or camera placement has caused or can decrease issues of abuse.

KCCC Procedure 1.4 Security Staffing Policy notes whenever necessary, but at least annually, the policy is reviewed by the Warden and adjustments made in reference to prevailing staffing patterns; facility deployment of video monitoring systems and monitoring technology and resources available to commit to adequate staffing levels.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?
 Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of DOC 8.60 PREA; DCO 8.60A Transgender Offenders; PREA Brochure Information for Transgender and Intersex Inmates; DOC 8.32 Contraband: Search, Seizure and Disposition; KCCC Procedure 8.60; Lesson Plan Cross Gender Supervision; Lesson Plan LGBTI and PowerPoint; PREA Pre-service training and Annual PREA on-line training, Staff and Offenders Interviews, CVOP meets the mandate of this standard. DOC policies and KCCC Procedures dictate 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 are prohibited, except under exigent circumstances. Where exigent circumstances exist, and a search is performed, the KCCC PREA Compliance Manager shall maintain a log documenting such searches. CVOP is an adult male facility and does not house female offenders. A review of cross gender search logs and interviews with random staff, random and targeted offenders confirmed no cross-gender strip searches and/or cross-gender visual body cavity searched were conducted by staff other than medical staff.

The offenders have access to individual shower stalls and toilets within the housing units. The showers have shower curtains installed at each shower stall. A partial wall at the toilet and urine preventing accidental viewing.

Staff of the opposite gender (female) are required to announce their presence when entering an offender housing unit. The announcements are enforced to better enable offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks or genitalia except in exigent circumstances or when such viewing is incidental to routine area checks. Both offenders and staff are required to take steps to avoid such viewing whenever possible. Interviews with both staff and the offender population confirmed female staff regularly announce themselves upon entering the housing units. Additionally, an announcement is made between the hours of 5: 00 a.m. and 9:00 p.m." There are both male and female officers at work in this facility. Therefore, you should cover yourself appropriately at all times according to institutional housing rules." Announcements of females entering the male housing units was observed by the auditor during the tour and interview process.

There are two (2) holding cells are directly across from the Duty Officer area. Modesty screens are provided in each cell to allow offenders privacy when in use. Although a camera is within each of the holding cells, the modesty screens prevents observation of the toilet area. This was verified by the auditor's review of the control panel cameras.

KCCC 8.60 Procedures dictates staff will not search or physically examine a transgender or intersex offender for the sole purpose of determining gender. Where necessary, medical practitioners will assist in determining the offender's genital status. One offender identified as transgender was housed at CVOP from December 12, 2018 thru January 8, 2019. There were zero transgender and or intersex offenders designated at CVOP during the site visit to conduct interviews regarding such searches. However, interviews with random staff confirmed their awareness of being prohibited from conducting such searches.

Training on how to conduct cross-gender pat down searches and how to conduct searches of transgender and intersex offenders in the least intrusive manner possible, consistent with security needs was incorporated into the Academy training for new hires and a mandatory on-line course for those throughout the Agency.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of KCCC 8.60 Procedure; DOC Policy 8.60; Resident PREA Education Handbooks; PREA Intake Brochures; U.S. Department of Homeland Security "I Speak," Orientation Manuals; Samples of Braille; Contract with LINGUIST Interpretations Services-Sign Language, Contract with TRANSLAT, Translation Services Tracking Sheet, CVOP meets the mandate of this standard. Upon the arrival of each offender at CVOP, each are given a facility orientation booklet, available in English or Spanish. This booklet provides an overview of the agency/facility rules and general information in addition to the Agency's PREA policy. PREA Posters noting the Agency's Policy, Delaware Law regarding PREA, investigations and confidentiality are located throughout the facility in both English and Spanish. The information provides guidance on how to report, to whom to report incidents of sexual abuse and sexual harassment without fear of being punished for reporting.

Per the DDOC Commissioner, once a facility identifies an offender with a disability, necessary steps are taken to ensure the offender receives and understands the PREA educational materials and can participate to the extent possible in screening for aggression and victimization. Mental health clinicians usually assist with mentally ill and developmentally disable offenders. The nature and severity of the disability is taken into consideration when assessing what action, a particular offender may require. Therefore, reasonable steps are taken to ensure meaning access to all aspects of the efforts to educate the offender population with disabilities to include those who are blind/low vision, deaf or hard of hearing, or those who have intellectual, psychiatric, or speech disabilities and those who are not proficient in English.

A contract has been awarded to LINGUIST Interpretations Services-Sign Language to provide effective translation for those offenders who are deaf or hard of hearing. A tracking sheet was provided for review by the auditor identifying utilization of these services for an offender previously assigned at the facility.

TRANSLAT is utilized to provide Interpretation (On-Site) and Translation (Written) Services as needed. The Agency has access for utilization of "I Speak" a Language Identification Guide provided by the U.S. Department of Homeland Security. This guide assists literate individuals who are not proficient in English to identify a preferred language.

An interview was conducted with an offender who identified himself as not being able to read. He stated the Intake Officer was made aware of his disability and went over the Agency's policy of zero tolerance against sexual abuse/harassment in a manner he fully understood. The auditor conducted interviews with other offenders identified with disabilities who also credited CVOP staff for providing PREA education in a manner they too understood to include: (2) Offenders with vision disabilities; (1) Offender with a physical disability; (1) Offender identified as Limited English Proficient; (2) Offenders identified with mental health disabilities; (1) Hearing impaired.

Interviews with random staff confirmed their knowledge of the Agency's policy prohibiting the use of offenders as interpreters except in limited circumstances where a delay could compromise the offenders' safety, first-response duties.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No

- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with the review of KCCC 8.60 Procedure, DOC Policy 8.60 PREA; Hiring Packet/ Background Investigation for New Delaware DOC Hires; Internal Affairs Background Check for Contract Staff, Request for Information of Former Staff, Tracking Log of Background Checks; DOC Promotion Request Form; Interviews with Human Resource Manager and Internal Affairs, CVOP meets the mandate of this standard. KCCC policy dictate KCCC will not hire or promote 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 of anyone inside a correction or in the community.

DOC 8.60 PREA dictate the Agency shall not hire nor promote anyone who may have contact with offenders, does not hire or promote anyone who has contact with offenders and does not enlist the services of any contractor or volunteer who may have contact with offenders who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution that has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; has been civilly or administratively adjudicated of engaging or attempting to engage in sexual activity in the community by force or coercion or was unable to give consent. Additionally, a review of the policies and application process confirms the hiring of an individual identified in this standard is strictly prohibited.

The Human Resource Manager explained all employees/contractors are subject to criminal background checks prior to employment with DOC. Internal Affairs runs background check on all DOC employees and contract staff on a continual basis and the Agency consider prior incident of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the offenders. All employees and applicants who may have contact with offenders are directly asked about previous sexual misconduct as described in PREA Standard 215.17 (a) in written application for hiring and/or applicants for promotions in the DDOC. Omissions regarding such misconduct or the provision of materially false information shall be grounds for termination is noted on the signature page. DDOC impose their employees a continuing affirmative duty to disclose any such information related as such during the application process and throughout their employment/contract services. Staff confirmed the Agency is authorized and does provide upon request information of substantiated allegations of sexual abuse or sexual harassment involving a former employee when that employee has applied to work at another institution.

An interview was conducted with Internal Affairs Department (IAD). She explained she and other IA are hired specifically to conduct background investigation on all employees, contractors, and applicants within the DDOC. Although the Agency conduct random background checks of employees and contract

workers, a background check is completed each year on all employees. IAD conducted 2716 background checks on current DDOC employee in FY 2016; 2509 in FY17; and 2381 in FY18. Records checks are conducted through NCIC, Delaware, Maryland, Pennsylvania, driving records, NIC 4 (guns) active and inactive Protection from abuse. Background checks are conducted through all available channels for all allegations of misconduct. The Internal Affairs staff are often referred to www.worknumber.com or other employee verification services to gain the requested information from other agencies/companies if they are not allowed to release the requested information. Employees, contractors and applicants are required to sign a general release that gives the IAD authorization to receive more information. All employees' interaction with law enforcement are required to be reported immediately. Applicants from other countries are required to submit a completed background check within a month from the country where they previously reported residence. A review of random background checks completed by IAD was conducted by the auditor.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

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

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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There has been no substantial expansion or modification at CVOP since the last PREA audit.

An interview with the Commissioner indicated as part of the bidding and contract process, along with the initial meetings with architects and contractors, the DDOC ensure the groups are familiar with PREA and the best practices in the industry for creating safe design structures. The Department ensures any new construction or renovations would be designed to reduce or eliminate blind spots and areas where sexual abuse may be likely to occur.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of DOC Policy 8.60; DOC Sexual Abuse Response Plan; Guidelines and Strategic Plan: Delaware DOC Sexual Assault Response Team (SART); DOC Policy 8.35; DSP Investigative Responsibilities Procedure; DSP Victim Services Procedure; DOC Policy II-B-05; KCCC Policy 8.60; KCCC Sexual Assault Response Plan; KCCC Procedure 8.32 (Contraband/Evidence Handling); MOUs with Contact Lifeline; Bayhealth Medical Center and YWCA Delaware Sexual Assault Response Center (SARC) CVOP meets the mandate of this standard. The development of DOC Sexual Abuse Response Plan and Guidelines and Strategic Plan: Delaware DOC Sexual Assault Response Team (SART) serve as a uniform evidence protocol to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. For offender 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. There were zero offenders at the CVOP under the age of 18. The protocol is based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, a National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents.

DDOC has a Memorandum of Agreement with Bayhealth Medical Center in Dover, DE. to provide emergency services to the offenders that include forensic medical examinations. The offenders receive all medical treatment without any financial cost to them. There were zero offenders who reported allegations of sexual abuse and/or required a forensic medical examination in 2017, and/or 2018. An interview with an emergency room staff at Bayhealth Medical Center confirmed a SANE would always be available to perform needed forensic medical examinations.

An interview with the Warden indicated there is only one rape crisis hotline in Delaware to provide state-wide services. The Agency receives federal grant funds for rape crisis hotlines. The receive federal grant funding (VOCA) through the Delaware Criminal Justice Council (CJC). The funding requires the rape crisis hotline center meet the criteria of the grant solicitation and is monitored by CJC. A MOU between Delaware Department of Corrections and Contact Lifeline has been established. The MOU make involvement of Contact Lifeline advocates a component of the standard response to a report of sexual abuse and/or a request for help from a survivor of sexual abuse by giving offender-victims contact information for access to outside victim advocates for

emotional support services related to sexual violence. When requested, and where applicable, staff shall help coordinate contact with an advocate at the hospital, or upon return to the facility. DDOC provides offender -victims access to an unmonitored telephone line for purposes of speaking with a Contact LifeLine advocate. For each offender-victim, subsequent requests for advocacy will be referred to in-house mental health staff by submitting a mental health referral form to the institution medical department detailing the reasons for the referral.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with the review of DOC Policy 8.60 PREA; DOC Policy 8.35 Investigative Responsibilities and Assistance from the State Police; Delaware DOC Policies are available on the Delaware DOC website; DSP Investigative Responsibilities Procedure; Delaware Code, Title 11; and KCCC Procedure 8.60; corresponding PREA investigations, CVOP meets the mandate of this standard. DOC policies require all an administrative and/or criminal investigation be completed for allegations of sexual abuse and sexual harassment. Authorized investigative staff within each facility and/or IA may conduct administrative sexual abuse and/or sexual harassment allegations. If an allegation indicates criminal behavior, the Department refers the investigation to the Delaware State Police as outline in 11 Delaware Code Chapter 83, & 8302. The Delaware State Police has exclusive jurisdiction, excluding the incorporated limit of any municipality for Rape and unlawful sexual intercourse and all attempts thereof.

An interview with the Institution Investigator and a review of allegations of sexual abuse and/or sexual harassment identified three (3) PREA allegations were reported within the past 12 months of the audit. One (1) staff on offender sexual harassment was reported and determined to be Unsubstantiated. The reporting offender was placed on retaliation monitoring for 90 days. One (1) allegation of sexual abuse was reported by an offender who identified others involvement. The identified offenders denied the activity. This case remained pending investigation during the site visit. One (1) allegation of offender on offender sexual harassment was reported. The alleged victim recanted his previous statements during the investigation process. The investigative findings were determined to be Unfounded.

DOC policy 8.60 outlines the investigation process of reported sexual allegations. The link to all DOC policies is www.doc.delaware.gov/views/policy. The link to DOC policy 8.60 PREA is www.doc.delaware.gov/assests/documents/policies/policy8-60.pdf The Delaware Title 11, Chapter 83 give authority and jurisdiction of the Delaware State Police to investigation all allegations of sexual abuse/sexual harassment that indicate criminal behavior.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of DOC Policy 8.60 PREA; DOC Lesson Plan: PREA Basic; DOC Lesson Plan: PREA Update Refresher; DOC Lesson Plan: LGBTI & Transgender Issues; DOC Lesson Plan: Contraband and Searches; Employee Record of Training; Online Annual PREA Refresher Training Record, CVOP meets the mandate of this standard. The auditor reviewed The PREA Basic Training was implemented on January 15, 2014. Those who completed the academy prior to the implementation on January 15, 2014, was required to complete an on-line course. The training provided to staff includes videotapes: 2005 The Moss Group DVD's "Responding to Prisoner Rape" Part 2. While referencing the National Institution of Corrections Manuals & Handouts, PREA Act of 20013; Delaware Law, 11 Del.C;1259, DOC Policy 8.60 PREA; Bureau of Prisons Procedures 8.60 and Bureau of Community Corrections Procedure 2.5. The

curriculum subject matter includes the review of: (1) agency wide zero tolerance policy for sexual abuse and sexual harassment; (2) how to fulfill their responsibilities in prevention, detection, reporting, and response to sexual abuse and sexual harassment; (3) offender's right to be free from sexual abuse and sexual harassment; (4) staff and inmate's right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) how to recognize the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) how to detect and respond to signs of threatened and actual sexual abuse; (8) how to avoid inappropriate relationships with inmates; (9) how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; (10) and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The curriculum discusses both male and female offenders.

Staff complete PREA refresher training annually through the Department of Corrections Delaware Learning on-line system. Documentation of staff's completion of PREA training to include on-line certificate of completion and electronic rosters confirm staff completion of training. Staff are required to complete the on-line PREA training course with a passing score which acknowledges their understanding of the course. Staff's receipt and understanding of PREA education was confirmed during staff interviews and training records reviewed. Each staff was able to articulate their responsibilities in the event they received a PREA allegation.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of DOC Policy 8.60; PREA; KCCC Procedure 8.60 PREA; DOC Policy 8.68, PREA Portion of the Security Clearance Application; Connections Initial Training on PREA; Medical Staff Training Log; Mental Health Staff Training Log; Substance Abuse Treatment Staff (CREST) Training Log; Signed Brochure for Contractor/Volunteer; Signed PREA Form: Hiring and Promotions Decisions; Security Briefing/Orientation; List of Approved Volunteers, CVOP meets the mandate of this standard. Contractors and approved volunteers are provided with a DOC 8.68 Security Clearance which provide educational material titled “Guide to the Prevention and Reporting to Sexual Abuse and Misconduct with Offenders. This training is provided for all Contractors, Vendors, and Volunteers with Limited Contact with offenders.” Topics within the material include staff sexual misconduct, an abuse of power; how to maintain appropriate boundaries; amorous of sexual relationships with an offender, and a duty to report misconduct. Each must read, sign and return the acknowledgement form with their security clearance application. They also acknowledged being brief and understanding the Delaware Department of Corrections zero tolerance for any type of sexual abuse or sexual harassment between staff and offenders during their Security Orientation. Copies of all 34 volunteers and 26 contractors PREA training was documented as receiving. Four contract staff were interviewed by the auditor and each were very knowledgeable in their understanding of the DDOC zero tolerance of sexual abuse and/or sexual harassment and their responsibility regarding it. There were no available volunteers to conduct an interview at CVOP during the site visit.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No

- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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In accordance with the review of DOC Policy 8.60 PREA; KCCC PREA Procedure 8.60; PREA Intake Brochure (English and Spanish); Offender Orientation Manual (English and Spanish); Resident Acknowledgement Receipts; PREA Handbooks Education (English and Spanish); PREA Informational Posters (English and Spanish); PREA Hotline Posters (English and Spanish); and 30-day PREA Education Completed, the facility meets the mandate of this standard.

Procedures require all offenders receive a PREA pamphlet (English or Spanish) upon their arrival at the facility during the Intake process by Intake Staff. This procedure was confirmed by all offenders interviewed and during the interview process of Intake Staff. The PREA pamphlet given discusses prior victimization, available resources such as Contract Lifeline, Survivors of Abuse in Recovery, and the National Rape Crisis Hotline number at 800-656-4673, the Department's zero-tolerance for sexual abuse; policy; definitions; confidentiality; duty to protect against retaliation; what to do if you are a victim; false allegations and tips to avoid sexual abuse. Offenders and Intake Staff also confirmed that upon giving the offenders the PREA pamphlets, staff discusses it with them.

Within 7 to 10 days after their initial intake, offenders receive a more comprehensive education on their rights to be free from sexual abuse and sexual harassment, how to report abuse, DOC policies on reporting abuse, department policies for responding to abuse, and offenders right to be free from retaliation for reporting abuse. The offenders sign acknowledgement forms as having received and understanding the information given. Confirmation of 26 random acknowledgement forms was reviewed by the auditor.

DOC 8.60 PREA require the facility where an offender is housed as responsible for providing each offender with information on the Agency's Zero Tolerance policy for sexual abuse at intake. An interview with Intake Staff indicated every offender entering the facility receives a PREA pamphlet during Intake and complete PREA Orientation within 7 to 10 days of their arrival. Interviews with offenders also confirmed although they were previously at the facility, they received PREA education each time they return.

Through available resources the Department have with the U.S. Department of Homeland Security "I Speak," Orientation Manuals; Communicating through Braille; Contract with LINGUIST Interpretations Services-Sign Language, Contract with TRANSLAT, the Department provide offender education in formats accessible to those who are English proficient, deaf, visually impaired, otherwise disabled, and have limited reading skills.

Offenders are given a PREA Intake Brochure, and an Offender Orientation Manual to maintain as reference to the provided PREA education. PREA Informational Posters and PREA Hotline Posters

providing the State's rape crisis center by calling *7732 (*PREA) are located throughout the facility and are readily available and visible to the offender population in both English and Spanish.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with the review of DOC 8.60 PREA; KCCC Procedure PREA 8.60; Lesson Plan: Specialized Investigations/PREA; Investigative Staff Training Records, CVOP meets the mandate of this standard. CVOP conducts administrative investigations only. All sexual abuse allegations that could result in criminal behavior are conducted by the Delaware State Police. The CVOP investigators received specialized training in addition to the general education provided to all staff. A review of the Lesson Plan Specialized Training for Investigations/PREA confirmed the lesson plan included: 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 action or prosecution referral.

The specialized training related to PREA is tracked and maintained by the Employee Development Center. The KCCC PREA Compliance Manager and Supervisor of Probation and Parole were identified as facility investigators for conducting sexual abuse investigations. Confirmation of their specialized training was documented in their Employee Training History and during interviews.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with the review of DOC Policy 8.60 PREA; DOC Policy II-B-05 Procedure in the Event of a Sexual Abuse; Lesson Plan — Medical and Behavioral Health Specialized PREA Training; Powerpoint — Medical and Behavioral Health Specialized PREA Training; Contracted Staff Training Records; Contracted Medical Staff Training Log, CVOP meets the mandate of this standard.

All Medical, Behavioral Health and CREST received training in the following topics: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Forensic examinations are not conducted at CVOP but rather at the Bayhealth Medical Center, Dover, DE.

Specialized training and DOC Policy 8.60 PREA Policy training is provided by the Community Support Programs Nursing Education Department Connections CSP Correctional Healthcare. The training is conducted for the initial hiring and as an annual refresher training. The training of is on the Relias and is a pass or fail course. All staff must pass the course. Eleven medical staff, and five (5) mental staff were assigned to CVOP during the audit. The training materials is required to be approved by the DOC Employee Development Center. Upon completion of training, documentation of such training is maintained in the employee's records and submitted to the DOC Employee Development Center within 30 days. The initial and annual refresher training was provided in accordance to the standard. A review of documented specialized and DOC PREA training was verified in contract staff training records and training logs.

Interviews with two (2) contract medical staff, and (1) one contract mental health practitioner confirmed their knowledge, understanding and completion of specialized training and DOC PREA training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?
 Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with the review of DOC Policy 8.60, page 8; KCCC Procedure 8.60, pages 7-8; Lesson Plan: Screen for Victimization and Aggression; Completed Quickscreen Assessment at Intake; Completed 21-day (7 to 10 day) Quickscreen Assessment; DOC Policy II-E-02; Medical Intake; Interviews with Intake Staff, and Probation and Parole Officers who Conduct 21 day Assessments and the offender population, CVOP exceeds in meeting the mandate of this standard, All offenders are screened during intake, and upon transfer to another facility, for their risk of being sexually abused, or being abusive toward other offenders. Policy allows the screening risk of victimization and abusiveness to occur within 24 hours, but no longer than 72 hours. The screening is completed by the Intake Staff within the first couple hours of arrival. Risk reassessments are conducted by the Probation and Patrol Officers with 7 – 10 days after the offender's arrival at the facility which exceeds the 30-day reassessment requirement. Staff assigned to conduct risk screening completes an eight (8) hour titled "Screening for Victimization and Aggression/PREA." The course is provided to Intake Officers who are assigned to conduct Victim/Predator Screenings. The lesson covers the review of PREA Standards 115.41, 115.42, and 115.43 on Screening, Use of Screening Information, and Use of Protective Custody. The evaluation technique includes completion of a written test and demonstration of skills.

The DOC Sexual Victimization/Abusiveness Quickscreen tool is utilized to conduct the screening process. Sexual Victimization Assessment list indicators of sexual victimization and Sexual Aggressor Assessment list indicators of sexual aggression

Interviews with Intake Staff and (2) Probation and Parole Officers who conduct risk reassessments confirmed they look for any abusiveness or prior victimization that may be noted. The assessment begins by asking the offender: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the offender has previously been incarcerated; (4) whether the offender's criminal history is exclusively nonviolent; (5) whether the offender has prior convictions for sex offenses against an adult or child; (6) whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the offender has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the offender.

The screening instrument includes whether the inmate has a mental, physical, or developmental disability, the age and physical build of the inmate, previously incarceration history, whether the inmate's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. The DDOC Probation and Parole Officers conduct a second risk screening at 7 to 10 days from the offender's arrival. The DDOC Probation and Parole Officers interviewed confirmed they would conduct further assessments when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. The auditor observed the Intake process during the site visit.

Offenders are not disciplined for refusing answer questions during the screening process. Information obtained during the initial assessment and reassessment is confidential and ONLY available be used by staff to assist in the placement and protection of offenders from abuse. Upon completion, the signed screening documents shall be immediately forwarded to the Records Office for inclusion in the offender's respective institutional files placed in the inmate's classification file. These files are accessible to identified authorized staff only to include PREA Compliance Manager, PREA Screeners, PREA Investigators, Probation and Parole Officers, and the DOC staff responsible for assigning housing, work and programing. Review of twenty-six random offender's initial assessment and reassessments confirmed the practice and procedures of this standard.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present

management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with the review of DOC Policy 8.60, page 8; KCCC 8.60, page 8; DOC 8.60A (Transgender Offenders), pages 2, 4; PREA Brochure: Transgender/Intersex offenders DOC Policy II-E-1 (Treatment of Transgender Persons); Completed Quickscreen — PSV PREA Housing Roster with Security Codes; DACS, Interviews with Warden, Correctional Counselor and Correctional Supervisor CVOP exceeds in meeting the mandate of this standard.

All information obtained during the risk assessment (Sexual Risk Indicators) as well as any information found in the institutional record is used with the primary goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

All offender housing and program assignments are made on a case-by-case basis through the Quickscreen that is part of the DACS system. It utilizes all offender data previous entered that alert staff doing bed/unit assignment of potential abusers or potential victims and deny assignment of both within an area. Interviews the Warden, staff and offenders, it was determined that the facility addresses the needs of the offenders consistent with the security and safety of the individual offender. The information from the risk screening is used to help determine housing, bed, work, education, and program assignments. Lesbian, gay, bisexual transgender, or intersex offenders will not be placed in dedicated units or tiers solely based on such identification status.

There are no dedicated housing units based on sexual identity at CVOP. One offender identified as transgender was designated at CVOP from December 12, 2018 thru January 8, 2019. Therefore, the offender was not at the facility during the site visit for interview. Policies mandate procedures in housing, allowance of separate showering from other offenders, prohibited dedicated unit, or wing without a consent decree, legal settlement, or legal judgment are adhered to. Reassessments are conducted every six months of transgenders and/or intersex offenders. The identified transgender offender was housed at CVOP 27 days.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of DOC Policy 8.60 pages 8 & 9; KCCC Procedure 8.60 page 8; DOC Policy 9.18, page 2; Offender Orientation Manual, page 3; Offenders Signature Form; PREA Posters; PREA Hotline Poster; MOU: Contact Lifeline; Third Party Reporting Poster; PREA Brochures; PREA Handbook; DOC Website: www.doc.delaware.gov/views/prea.blade.shtml. CVOP meets the mandate of this standard. DOC Policy 8.60 and KCCC Procedure 8.60 addresses methods the rights of offenders to report allegations sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, or staff neglect or violations of responsibilities that may have contributed to such incidents to include to an entity that is not part of the Agency. Offenders are provided with several optional methods that are noted in KCCC Procedure 8.60 and Offender Manual that includes: immediate report to a staff member; sick call process; grievance; a phone call to someone outside of the facility who can make an inquiry; contacting the facility PREA Investigator or Internal Affairs; writing a sealed confidential letter to the Warden, Deputy Warden or Captain; a phone call to the PREA hotline *7732; contact with the statewide PREA Coordinator, and outside resources. Methods of reporting are also noted on PREA posters, PREA handbook, and third-party reporting posters that are on bulletin boards throughout the facility accessible to both staff and offender population in both English and Spanish. Interviews with random offenders and random staff confirmed they were knowledgeable of numerous methods of reporting allegations of sexual abuse/harassment. All referred to the PREA hotline *7732 noted on the posters, and the fact that they could make a report to a staff member.

The MOU with Contact Lifeline serves as a third-party agency for DDOC offenders-victims to report allegations of sexual abuse. An advocate is available by telephone to provide advocacy when requested by an offender-victim. Confidentiality is maintained as required by state and federal laws for rape crisis center personnel, and the PREA standards. Upon receipt of offenders making a report to Contact Lifeline, the State-wide PREA Coordinator is immediately notified. The State-wide PREA Coordinator then notifies the affected facility of the reported allegation for immediate actions to be taken as required by the Agency and PREA standards. The offender population reported four (4) PREA allegations reported to the PREA Hotline *7732. This information was forwarded to the State-wide PREA Coordinator, then the Shift Commander on duty. Documentation of notifications was reviewed by the auditor.

The auditor observed third-party reporting information located in the visiting room, lobby areas and on the Department website www.doc.delaware.gov/views/prea.blade.shtml.

Policies require staff to accept reports of made verbally, in writing, anonymously, and from third-party and are reported to promptly document any verbal report. Staff identified they would accept all reported allegations of sexual abuse/harassment whether verbally, in writing, anonymously and from third-party while advising their supervisor and documenting the received information by completing an Arrest/incident Report as soon as possible and always prior to the end of their shift.

Staff provided numerous methods of privately reporting allegations of sexual abuse/harassment to include directly reporting to the Shift Commander, PREA Compliance Manager/Captain, Warden, Deputy Warden, Internal Affairs, calling the PREA Hotline, or utilizing the Agency website.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

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

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with the review of DOC Policy 8.60, pages 11-12; KCCC Procedure 8.60, pages 13-14; Offender Orientation Manual, pages 20-21, Interviews with Security Staff, KCCC PREA Compliance Manager, Staff Lieutenant, and Offender population, CVOP meets the mandate of this standard. CVOP does not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse and does not require an offender to use any informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.

CVOP policies ensures that an offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance is not referred to a staff member who is the subject of the complaint.

CVOP polices require the issue of the final decision on the merits of any portion of grievance alleging sexual abuse within 90 days of the initial filing of the grievance

All sexual abuse allegations to include those filed through the grievance process is referred to a PREA investigator for an immediate investigation. The resulting investigation will continue without delay until the report is determined to be substantiated, unsubstantiated, or unfounded. 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 Warden of designee may extend the response time frame by up to 70 days. The offender will be notified in writing.

The offender is required to be informed within 24 hours of filing the complaint if an emergency transfer or other emergent accommodation will be provided.

Policies and procedures allow for third party reporting that includes fellow offenders, staff members, family members, attorneys, and outside advocates, whom are permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse and shall be permitted to file such requests on behalf of offenders.

If a third-party file such a complaint on behalf of an offender, the Warden or designee may require, as a condition of processing the complaint, that the alleged victim agree to have the complaint filed on his or her behalf. If the offender declines to have the request processed on his or her behalf and documented accordingly.

In the past 12 months of the audit, there were zero grievances filed alleging sexual abuse. There were also zero (0) number of imminent risk grievances and zero (0) emergency grievances. Therefore, no responses, actions and/or extensions were required by the Agency.

Offenders who make 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 reporting offender will not receive discipline.

Interviews with security staff, KCCC PREA Compliance Manager, Staff Lieutenant who served as the Grievance Officer, and the offender population confirmed they were aware of the grievance process available to the offenders in reporting allegations of sexual abuse.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with the review of DOC Policy 8.60, page 9; PREA Brochures; Offender Orientation Manual; PREA Hotline Posters; MOU with Contact Lifeline; MOU with Sexual Abuse Response Center (SARC), the CVOP meets the mandate of the standard.

PREA posters identify a PREA Hotline number @ *7732 and notification is given that the number is not monitored by Delaware DOC, and states "Matters you discuss with the hotline will only be reported to DOC if you request, or if there is an immediate threat to your safety or others."

PREA brochures given to the offender population in both English or Spanish identify resources such as Contact Lifeline provides crisis support) at (302)-761-9100 or 800-262-9525 Wilmington, DE 19809, and the National Rape Crisis Hotline 800-656-4673 available to them. Notification that the Delaware DOC does not guarantee confidentiality of communication to these outside parties is also provided on the brochure.

The Agency has a MOU is between the Delaware Department of Correction and Contact Lifeline, The purpose of this MOU is 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 agency, pursuant to the Prison Rape Elimination Act, 2003, 28 CFR Part 115 (PREA), Standards "115.21, 115.53, and 115.54.

The Agency also has a MOU is between the Delaware Department of Correction (DDOC) and YWCA Delaware Sexual Assault Response Center (SARC). The purpose of this MOU is to assure a unified effort between the entities involved to provide inmate-victims with confidential emotional support

services pursuant to the Prison Rape Elimination Act, 2003, 28 CFR Part 1 15 (PREA), Standards 115.21, 115.53, and 115.54.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

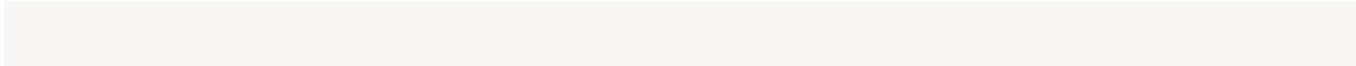
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In accordance with the review of DOC Policy 8.60, page 9; KCCC Procedure 8.60, page 8; DOC Website - Third Party Reporting; PREA Third Party Poster; PREA Hotline Posters; Offender Orientation Manual, CVOP meets the mandate of this standard. The Delaware Department of Corrections State-wide PREA Coordinator address, telephone number and email address are located on the Department Correctional website to receive reports of sexual abuse/harassment by third-party on behalf of an offender.

An MOU established between Delaware Department of Corrections and Contact Lifeline to serve as a third-party agency for DDOC offenders-victims to report allegations of sexual abuse/harassment. Upon receipt of offenders making a report to Contact Lifeline, the State-wide PREA Coordinator is immediately notified. The State-wide PREA Coordinator then notifies the affected facility of the reported allegation for immediate actions to be taken as required by the Agency and PREA standards.

Those individuals who choose to make third-party reports of alleged sexual abuse/harassment may utilize the Agency website at: www.doc.delaware.gov/views/prea.blade.shtml.

Internal Affairs maintains a log of all calls to the IA PREA hotline. A copy of the log is provided to the facility PREA Compliance Manager each month.



OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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In accordance with the review of DOC Policy 8.60, page 4, 9-10, 13; KCCC Procedure 8.60, page 9; Interviews with Warden, KCCC PREA Compliance Manager, and Staff, CVOP meets the mandate of this standard. Staff are mandatory reporters with no discretion to decide whether or not to report sexual abuse allegations. Staff members are required to immediately report: any knowledge suspicion, or information received regarding an incident of sexual abuse or sexual harassment; any knowledge of staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment; any retaliation against staff or offenders for reporting sexual abuse or sexual harassment. An interview with the Warden confirmed immediate notifications are made to him and the KCCC PREA Compliance Manager as well to ensure appropriate follow-up and investigations. Random interviews with staff confirmed their understanding of their responsibility to immediately report all knowledge, suspicion of sexual abuse, sexual harassment and retaliation against staff or offenders for reporting sexual abuse/harassment. Staff identified available means to report to the Shift Commander, KCCC PREA Compliance Manager, Deputy Warden, and the PREA Hotline.

Policy dictate confidentiality must be maintained. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Staff acknowledged their responsibility of not speaking openly about sexual abuse and sexual harassment incidents and/or allegations. Random staff interviewed confirmed they would not reveal any information with anyone other than those identified as needing to know.

Medical and mental health practitioners are required to report any sexual abuse that occurred in a correctional facility and to inform offenders of the practitioner's duty to report, and limitation of

confidentiality, at the initiation of services. Interviews with mental health and medical practitioners revealed they advise offenders of their duty to report and limitation of confidentiality during the initial screening process.

Per the Warden, Kent County Community Corrections does not house offenders under the age of 18, but if ever occurred, policy dictate procedures. 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. If an allegation of sexual abuse is made by an offender who is considered a vulnerable adult, Adult Protective Services would be notified. No offenders identified under the age of 18 and/or considered a vulnerable adult was designated at the facility during the site visit.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

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In accordance with the review DOC 8.60 Policy, page 4; DOC Sexual Abuse Response Plan; KCCC Procedure 8.60, page 9; KCCC Sexual Abuse Response Plan; Warden and Random Staff Interviews, the CVOP meets the mandate of this standard. Policies and procedures require staff to take immediate action upon becoming aware that an offender is subject to a substantial risk of imminent sexual abuse in an effort to protect the offender.

Per an interview with the Warden, when it is learned that an offender may be subject to a substantial risk of imminent sexual abuse, the offender is immediately removed from the area and isolated (usually in the holding cell) and initially interviewed to gather additional information as to what has allegedly occurred. A referral to Medical and Mental Health will typically follow. A determination would then be made as to

further possible action taken with the alleged aggressor(s) in order to ensure the safety of all offenders. An administrative transfer of the alleged victim and/or the alleged aggressor to another housing unit or community corrections facility may be considered as well while the incident is investigated.

There was zero (0) offenders who reported and/or staff became aware of was subject to a substantial risk of imminent sexual abuse. However, interviews with random staff confirmed they are aware of policy and their responsibilities to protect the offender and they would immediately remove the offender from an area of threat and notify the Shift Commander.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of DOC 8.60 page 10 and KCCC Procedure 8.60 page 12, Interviews with the DDOC Commissioner, Warden and PREA Investigator, CVOP meets the mandate of this standard. Upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred, within 72 hours. The reporting facility will document this notification was made. Upon receiving an allegation that an offender was sexually abused while confined at another facility, the Warden or designee shall immediately notify the Warden of the facility where the alleged abuse occurred. Such notification shall be documented accordingly.

The DDOC Commissioner and Warden confirmed the allegation will be thoroughly investigated. The investigation would be provided to the KCCC PREA Compliance Manager or site PREA Investigator in his absence, for investigation. The investigative staff would typically travel to the other facility to interview the offender as part of the investigation.

Per the Commissioner typically the call would go to the Shift Commander and would then be directed to the Warden, who would then contact the KCCC PREA Compliance Manager/Institutional Investigator and ensures the allegation is investigated.

One allegation of offender on offender sexual abuse remained open during the audit process. The alleged victim made a report to the PREA Hotline on December 19, 2018, he was sexually abuse by another offender in October 2018. The alleged victim was housed at CVOP when he made the report of the incident having previously occurred during his designation at MCCC. The CVOP and MCCC are operated under the same management staff. Proper notifications were made to the Warden, Deputy Warden, PREA Compliance Manager/Investigator are assigned at both facilities. The KCCC PREA Compliance Manager/Investigator had begun the investigation prior to the site visit. There were no other notifications of allegations regarding sexual abuse/harassment from any other confinement facility within the past 24 months of the audit.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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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In accordance with the review of DDOC Policy 8.60, page 6, 10; DOC Sexual Abuse Response Plan; KCCC Procedure 8.60, pages 9-10; DOC Policy II-B-05, page 2, Sexual Abuse Response Plan and Security, Non-Security Staff, Staff Who Acted as a First Responder Interviews. Policies and procedures are outlined advising first responders (first security staff members on scene) separate the alleged victim and abuser; ensure the victim is safe and receives immediate medical attention; secure the scene and attempt to preserve physical evidence; request the victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; ensure the abuser not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

Interviews with random security staff and non-security staff confirmed their awareness of the Agency's policy and their responsibilities upon serving as a first responder. Each articulated the appropriate steps to take in making notifications, protecting offenders and preserving available evidence.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with the review of DOC 8.60 Policy; DOC Sexual Abuse Response Plan; KCCC Procedure 8.60; KCCC Sexual Abuse Response Plan; DOC Policy II-B-05 and PREA Investigation, CVOP meets the mandate of this standard. The Sexual Abuse Response Plan coordinates actions to take in response to an incident of sexual abuse. The written DDOC Sexual Abuse Response Plan outlines the responsible of the first responder, Shift Commander, medical and mental health practitioners, collection of evidence, and the investigation. An interview was conducted with a security staff member who acted as a first responder to a Substantiated sexual abuse case which occurred in 2016. Upon being advised of the allegations and circumstances surrounding it, staff took the appropriate actions in accordance with the Sexual Abuse Response Plan which lead to prosecution of the perpetrator in criminal court. Staff articulated his actions which was superb in the collection and preservation of DNA and other physical evidence. He dictated every step noted in the Sexual Abuse Response Plan.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of Correctional Officers Association of Delaware Local 247, 3384 and 2004; OAD Collective Bargaining Contract; Local 247 Collective Bargaining Contract; DOC Policy 9.12; DOC Code of Conduct, CVOP meets the mandate of this standard. When employees' continued presence on the job poses a threat to the safety or security of staff, offenders, the public or operations, they may be suspended immediately with or without pay pending completion of an investigation.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

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

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with the review of DOC Policy 8.60, pages 4, 9, 10; DOC Sexual Abuse Response Plan; KCCC Procedure 8.60, pages 11-12, Interviews with the Commissioner and Staff Member Assigned to Monitoring Retaliation, CVOP meets the mandate of this standard. CVOP require all staff to report immediately any retaliation against staff or offenders that may report such an incident of sexual abuse. Action is taken to protect offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. All offenders and staff who report sexual abuse or sexual harassment, or cooperate with investigations pertaining to such, shall be protected from retaliation by other offenders and/or staff. The Captain/PREA Compliance Manager has been designated to monitor retaliation for both staff and offenders.

Per the DDCO Commissioner, multiple protection measures may be taken to include, but not be limited to housing changes or transfer to another building or facility within the state and emotional support. The timing of the check-ins varies by the nature of the allegations personal monitoring. In regard to protective custody may be used, but only for as long as is necessary to make a more appropriate placement.

The removal of a staff member or offender abuser from contact with the victim and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse/harassment or for cooperating with victim is another protection measure provided. Any offender disciplinary reports, housing, or program changes will be reviewed and periodic in-person status checks on the offender(s). Negative performance reviews or reassignments of staff are conducted.

The Captain/PREA Compliance Manager has been designated to monitor staff and offender retaliation for a minimum of 90 days or longer if needed. However, offenders are designated at CVOP normally 3.5 months and transferred to MCCC. If an offender or staff transfer during the retaliation monitoring period. The PREA Compliance Manager notifies the staff member assigned to monitor retaliation at the newly designated correctional facility of the staff member and/or offender monitoring status.

There was zero (0) staff and one (1) offender monitored for retaliation within the past 12 months of the audit. An interview with staff assigned to monitor retaliation/PREA Compliance Manager indicated he was aware of his responsibilities in monitoring staff and/or offenders for retaliation. Documentation of 90 day monitoring was logged and made available for review by the auditor.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of DOC Policy 8.60, pages 7-11, 14; DOC Policy 8.35; Delaware State Police Investigative Responsibilities; KCCC Procedure 8.60, pages 12-13; Lesson Plan: Specialized Investigations/PREA; Staff Training Records; Delaware State Police Sex Crime Investigations Training; CVOP meets the mandate of this standard. DOC Policy 8.60 and KCCC Procedure 8.60 outlines the requirements of conducting its own investigations into allegations of sexual abuse/harassment promptly, thoroughly, and objectively including those reported by third-party and/or anonymous. Upon review of completed investigations of sexual harassment, the investigations were thoroughly objectively and promptly completed by the facility investigator. There were zero (0) PREA allegations reported anonymously. The one allegations of sexual abuse involving other offenders were made by third party (another offender). As previously noted, this investigation remained in pending during the audit process. The remaining two (2) PREA allegations reported was reported by the offender population directly to facility staff. The allegations were determined to fit the category of an administrative investigation and conducted by the facility investigators.

There are two staff assigned to conduct PREA investigations at CVOP. These investigators have received Specialized Investigation/PREA training by the Agency PREA Coordinator, and Moss Group. These courses included evidence collection of any available physical and DNA evidence and video monitoring. Specialized training for PREA-Sexual Abuse Investigations was also provided to the facility

investigators by the Delaware State Police and focused on PREA, Sexual Assaults in Correctional Facilities, Sex Crime Investigations and Initial Response to the Crime Scene.

Interviews with investigative staff and a review of completed investigative files correlated that the investigator interviewed the alleged victims, suspected perpetrators, and witnesses as identified to include the viewing of recorded video. The review also confirmed prior complaints and/or reports of sexual abuse or sexual harassment involving the suspected perpetrator was also included in the investigative report.

DOC 8.60 notes when the quality of evidence appears to support criminal prosecution, the investigator will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness is based on an individual based and not on their individual status as offender or staff. The investigative staff collaborated with Agency policy that an offender who alleged sexual abuse would not and have not been required to submit to a polygraph examination or other truth-telling device as a condition for proceeding.

An interview with investigative staff and a review of files indicated efforts to determine whether staff actions or failures to act contributed to the abuse of an offender contributed to the alleged abuse. There was zero (0) substantiated sexual abuse cases at CVOP within the past 24 months of the audit. Administrative investigations are documented in the Delaware Automated Correction System (DACS).

There were zero (0) criminal investigations for sexual abuse conducted in the past 24 months of the audit. Both investigative staffs confirmed upon discovering sufficient evidence to support the allegation and the likelihood of possible criminal charges, they would refer the investigation to the Delaware State Police for further investigation. There was zero (0) substantiated allegations of conduct that appeared to be criminal and/or required a referral for prosecution in the past 24 months of the audit. Per an interview with the Warden and PREA Compliance Manager, the Delaware State Police would handle the formal investigation of sexual abuse. Once assigned to a detective, the facility PREA Compliance Manager would be informed and stay in contact with the detective for the duration of the investigation and/or resolution of any possible criminal charges.

The Agency maintain written reports for as long as the alleged abuser is incarcerated or employed by the Agency, plus five (5) years in the DACS system.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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In accordance with the review of DOC 8.60, page 11; KCCC Procedure 8.60 page 12, and Interviews with the Trained PREA Investigator, CVOP meets the mandate of this standard. Policies identify the Agency's standard for determining whether an allegation of sexual abuse is substantiated shall be no higher than a preponderance of the evidence. The two Investigators (KCCC PREA Compliance Manager and Supervisor of Probation and Parole) confirmed their knowledge of determining a substantiated case of alleged sexual abuse and utilized such during the investigation process of four reported incidents.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the

resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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In accordance with the review of DOC Policy 8.60, page 10-11; KCCC Procedure 8.60, pages 12-13, Documentation of Notification; Interviews with Warden and PREA Compliance Manager, CVOP meets the mandate of this standard. The requirement of this standard is addressed in DOC 8.60 and KCCC Procedure 8.60. Per interviews with the Warden and PREA Compliance Manager, notification is provided to the offender in writing at the conclusion of the investigations. There were zero allegations of sexual abuse completed during the audit review cycle at CVOP. One case reported of sexual abuse remained open during the review period. An offender identified other offenders' involvement in a sexual abuse allegation. Those offenders alleged to be involved denied the reported activity.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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In accordance with the review of DOC Policy 8.60, pages 12-13; KCCC Procedure 8.60, page 14, Memorandum submitted by Deputy Warden, CVOP meets the mandate of this standard. The listed polices address discipline sanctions and termination for violating sexual abuse or sexual harassment.

Termination shall be the presumptive sanction for staff who engage in sexual abuse.

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

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

There has been zero (0) staff discipline, terminated or resigned during an investigation of their involvement for violating sexual abuse or sexual harassment.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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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In accordance with the review of DOC PREA Policy 8.60; KCCC PREA Procedure 8.60; Chapter :11 Bureau of Correctional Healthcare Services; Memorandum submitted by Deputy Warden, CVOP meets the mandate of this standard.

Per DDOC Policy PREA 8.60 when a case of sexual assault is substantiated against a contractor 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.

Per KCCC Procedure 8.60 PREA, when a case of sexual abuse is substantiated against a contractor or volunteer, the individual will be barred from further contract with offenders and shall be reported to the Delaware State Police (unless the activity was clearly not criminal) and to the relevant licensing bodies.

Chapter:11 Bureau of Correctional Healthcare Services also notes the contractor or volunteer who engages in sexual abused is reported to the Division of Professional Regulations.

An interview the Warden confirmed any contractor or volunteer alleged to have engaged in sexual abuse of an offender would not be allowed entry until cleared by the investigator. Interviews with four contractors and one volunteer confirmed their knowledge of this standard.

A memorandum submitted by the Deputy Warden indicated there have been zero (0) volunteers and/or contract staff who have alleged to have been engaged in sexual abuse with an offender.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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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In accordance with the review of DOC Policy 8.60, page 13; KCCC Procedure 8.60, pages 14-15; KCCC Guidelines for MDT Sanction; DOC Policy II-B-05, page 3; Sexual Misconduct Disciplinary Action; Interview with Mental Health Staff, CVOP meets the mandate of this standard.

An offender will not receive disciplinary action if a report of sexual abuse was made in good faith based upon reasonable belief that such conduct did occur, even if at the conclusion of the investigation there is not sufficient evidence to substantiate the allegation reported.

KCCC 8.60 addresses an offender will be discipline for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

DOC Policy 11-B-05 Procedure in event of a sexual abuse address that mental health will attempt to conduct a comprehensive mental health evaluation and suicide risk assessment of the alleged perpetrator within 72 hours of the event to assess the need for sexual violence counseling. These services were confirmed by mental health staff.

All sexual activity between offenders is strictly prohibited. Sexual activity, however, does not necessarily constitute sexual abuse relevant to PREA. Sexual activity is only a PREA related incident when it is unwanted, coerced, or forced.

There has been zero (0) offenders discipline at CVOP under the guidelines of this standard.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of DOC Policy 8.60, page 13; KCCC Procedure 8.60; DOC Policy II-B-05; Interviews with Medical, and Mental Health Staff, Warden and review of PREA Investigations, CVOP meets the mandate of this standard. Policies mandate was articulated by the Warden, medical and mental practitioners interviews. 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.

Interviews with security staff and non-security staff confirmed their knowledge of policy and responsibility to apply first responder duties to protect the victim and request that he does not take any actions that could destroy physical evidence. All staff stated upon notifying the Shift Commander, he/she would notify medical and mental health staff. Supervisory staff dictates the first responder duties and immediately notifying medical and mental health practitioners of the reported allegation for appropriate services in accordance to their professional judgement.

Policy review and interviews with the Warden, medical and mental health practitioners confirmed a victim of sexual abuse would be offered timely information about sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care. CVOP is an adult male facility and does not house female offenders. The mental health practitioner dictated staff engages with the offender more than once but cannot force the victim to receive treatment. Upon being advised of a previous sexual assault, medical staff forwards an urgent mental health referral within 24 hours but normally within a couple of hours. If an allegation of sexual abuse occurred at the facility, the offender would be seen immediately. The one offender who alleged he was sexually abuse approximately a month after the occurrence at his previous correctional facility was seen by medical and mental health practitioners upon notification.

Policy review and interviews confirmed a medical and mental health evaluation, as well as treatment, is offered to all offenders who have been victimized by sexual abuse. The evaluation and treatment of the victims include as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to other facilities, or their release from custody. Victims are provided with medical and mental health services consistent with the community level of care, Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of DOC 8.60; KCCC 8.60; Interviews with Mental Health and Medical Practitioners, Warden, CVOP meets the mandate of this standard. CVOP offers a medical and mental health evaluation and, as appropriate, treatment to all inmates, without cost, who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Interviews with medical and mental health practitioners indicated the evaluation and treatment of anyone victimized includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. They also indicated the policy and practice they are required to follow provides these treatment services to the victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

There was two (2) offenders who disclosed prior victimization upon arrival at CVOP. Both offenders stated they were already identified to receive mental health services upon their arrival at CVOP.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of KCCC 8.60 page 15 – 16; Interviews with State-wide PREA Coordinator, PREA Compliance Manager; Deputy Warden, Warden and review of PREA Investigations and Completed Critical Incident Reviews, CVOP meets the standard. KCCC 8.60 address the standards for conducting Critical Incident Reviews. Interviews with the Warden, Deputy Warden, and Captain/PREA Compliance Manager were aware of the Agency’s policy in the SART conducting the Critical Incident Review (CIR) within 30 days of the conclusion of every sexual abuse investigation for all substantiated, unsubstantiated, and unfounded findings.

The CIR team includes the Warden or Deputy Warden, members of the SART to include the PREA Compliance Manager/PREA Investigator (or Internal Affairs investigator, if applicable), medical and/or mental health administrators, the State-wide PREA Coordinator, Shift Lieutenant, Chief Counselor and other facility staff as deemed appropriate. The Bureau Chief has the final review of the CIR.

The auditor interviewed a CIR member who stated the team conducts a thorough review of the circumstances of each sexual abuse incident. Their review and report contains the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with agency policies and procedures; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affliction, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the facility administrator and PREA Compliance Manager for improvements based on the above assessments.

There were zero (0) allegations sexual abuse reported and completed during the past 24 months of the audit process. However, a CIR completed in 2016, confirmed staff knowledge and compliance with the mandate of this standard.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of DOC Policy 8.60, page 14; DOC Annual PREA Report 2017 & 2018; Sexual Abuse Data Annual Review 2017 - 2018; Survey of Sexual Victimization 2015 – 2017, the d Policy require the Department to collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. This information is automatically generated in the Delaware Automated Correctional System (DACS) upon completion of PREA Incident Reports.

A memorandum was submitted by the PREA Coordinator at Connections Community Support Programs, an agency under contract with DDOC operates New Expectations a residential alternative to incarceration to assist expectant mothers aged eighteen (18) and over with co-occurring criminal justice

involvement and substance use disorders. By contract between Connections and the Delaware Department of Corrections, Connections is required to comply with the Prison Rape Elimination Act (PREA) and the PREA Standards at the New Expectations site. The PREA Coordinator make an annual report to the Delaware Department of Corrections Agency PREA Coordinator.

The DACS allows the Department to obtain aggregated data as needed and provide this information annually to the United States Department of Justice.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of DOC Policy 8.60, page 14; DOC Annual PREA Reports 2017 - 2018; Sexual Abuse Data Annual Reviews 2017 - 2018; Survey of Sexual Victimization 2015 – 2017, and DDOC website; and Interviews with the Statewide PREA Coordinator and Warden, the Agency meets the mandate of this standard. The Department review the aggregated data in order to assess and improve the effectiveness of its sexual abuse response plans, and PREA Policy DOC 8.60. The DDOC Commissioner confirmed the Department use the aggregated data from the Department investigations module to assess the numbers and types of allegations occurring at all facilities. The look for trends, similarities, and disparities and make policy and practice changes according to the information obtained, when warranted.

An annual report of its findings and corrective actions for each facility, and the Department as a whole, is prepared. The State-wide PREA Coordinator further explained, the Department prepares an annual report of the Department PREA data. The aggregated data is provided and graphed with the two preceding years to show increases/decrease in occurrences.

A review of the 2016 and 2017 Annual PREA Reports confirm they are approved by the DDOC Commissioner through his signature. The annual reports are made available to the public on the Agency's website. www.doc.delaware.gov/views/prea.blade.shtml.

No personal identifiers such as name, identification number, or other individually identifying features is made publicly available. Specific material that would present a clear threat to the safety and security of a facility will be redacted. Confirmation was obtained through a review of the various reports. During the interview with the State-wide PREA Coordinator she detailed her responsibilities in collecting and analyzing data and trends and producing the annual report.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with the review of DOC Policy 8.60, page 14; DOC Annual PREA Reports 2017 – 2018; Annual Sexual Abuse Data Review; DDOC website; Interview with State-wide PREA Coordinator, the Department meets the mandate of this standard. Per an interview with the State-wide PREA Coordinator, data collected pursuant to 115.287 is securely retained in the Department software and access is limited to PREA Managers, PREA Coordinator, Investigators, Wardens and Deputy Wardens.

A memorandum submitted from a contract facility who provides services for the DDOC confirms the contract facility provides information of all aggregated sexual abuse data to be included in the Annual PREA Report. This report is made public on the Agency's website www.doc.delaware.gov/views/prea.blade.shtml.

DOC Policy 8.60 addresses the Agency will maintain sexual abuse data collected pursuant to standard 115.287 for at least 10 years after the date of the initial collections unless Federal, State, or local laws requires otherwise. DOC 8.60 also require all written reports be retained for as long as the abuser is incarcerated or employed by the Department, plus five years.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Instructions for Overall Compliance Determination Narrative

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This is the third year of second audit cycle for the Delaware Department of Corrections. It completed 1/3 of their facilities and the second 1/3 in the second year. The remaining facilities are scheduled to complete in the last cycle. The auditor was allowed access to, and the ability to observe, all areas of the facility, and permitted to conduct private interviews with staff and offenders.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not

excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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Instructions for Overall Compliance Determination Narrative

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The previous PREA audit for CVOP was dated January 16, 2016 and posted on the Agency's website within 90 days upon receipt of the final report.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Debra D. Dawson

March 16, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.