

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Interim Audit Report: N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: August 1, 2022

Auditor Information

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Telephone: (713) 818-9098

Date of Facility Visit: June 15-17, 2022

Agency Information

Name of Agency: Delaware Department of Correction

Governing Authority or Parent Agency (If Applicable): State of Delaware

Physical Address: 245 McKee Road

City, State, Zip: Dover, Delaware, 19904

Mailing Address:

City, State, Zip:

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <https://doc.delaware.gov/views/prea.blade.shtml>

Agency Chief Executive Officer

Name: Monroe Hudson, Jr.

Email: Monroe.Hudson@delaware.gov

Telephone: (302) 857-5234

Agency-Wide PREA Coordinator

Name: Damaris Schweers

Email: Damaris.Schweers@delaware.gov

Telephone: (302) 857-5345

PREA Coordinator Reports to:

Heather Zwickert

Number of Compliance Managers who report to the PREA Coordinator:

7

Facility Information

Name of Facility: Howard R. Young Correctional Institution

Physical Address: 1301 East 12th Street

City, State, Zip: Wilmington, DE, 19802

Mailing Address (if different from above):

City, State, Zip:

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

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

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Warden/Jail Administrator/Sheriff/Director

Name: Kolawole Akinbayo

Email: Kolawole.Akinbayo@delaware.gov

Telephone: 302-429-7729

Facility PREA Compliance Manager

Name: Brian Vanes

Email: Brian.Vanes@delaware.gov

Telephone: 856-430-8915

Facility Health Service Administrator N/A

Name: Christine Claudio

Email: CClaudio@TeamCenturion.com

Telephone: 302-429-7180

Facility Characteristics

Designated Facility Capacity:

1400

Current Population of Facility:

1237

Average daily population for the past 12 months:	1207
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18+
Average length of stay or time under supervision:	60 days
Facility security levels/inmate custody levels:	Minimum and Medium (Holding)
Number of inmates admitted to facility during the past 12 months:	4111
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	3392
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1807
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	313
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	27
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	11
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	30
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	27
Number of open bay/dorm housing units:	3
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	20
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe):
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	11
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input checked="" type="checkbox"/> N/A

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 9

List of Standards Exceeded: 115.14, 115.17, 115.18, 115.31, 115.53, 115.54, 115.82, 115.83, 115.401

Standards Met

Number of Standards Met: 36

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	June 15, 2022
2. End date of the onsite portion of the audit:	June 17, 2022
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Contact Lifeline, Sexual Assault Response Center, Just Detention International
Audited Facility Information	
4. Designated Facility Capacity:	1400
5. Average daily population for the past 12 months:	1207
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	30
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	1,264
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	15
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	22
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	1
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	1
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	2
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	4
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	2
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	1
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	4
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0

<p>22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>While only one inmate currently housed at HRYCI filed a sexual abuse allegation during the audit time frame, three inmates claimed to have filed such reports. As such, they were given the appropriate survey for completion.</p>
<p><i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p>	
<p>24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>313</p>
<p>25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>1</p>
<p>26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>11</p>
<p>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Due to COVID, non-essential persons are discouraged from entering facility. As such, no volunteers were available for interview.</p>
<p>Interviews</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p><i>Random Inmate/Resident/Detainee Interviews</i></p>	
<p>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>22</p>
<p>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other (describe) Custody, Job Assignment, Program Activity, Physical Characteristics, Psychological Characteristics, Primary Language Spoken, or other distinguishing factors amongst inmate population <input type="checkbox"/> None (explain) </p>

30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	Housing Rosters
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	NA

<p>32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	NA
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Targeted Inmate/Resident/Detainee Interviews

<p>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	21
<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	0
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited</p>	Reviewed birth dates of assigned residents, question ages of all inmates interviewed

facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:	2

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	NA
36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:	4
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	NA
37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	NA

<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>NA</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>NA</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>7</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>NA</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>2</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>NA</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	<p>3</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>NA</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</p>	<p>7</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>NA</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Questioned interviewed residents and random staff to determine if either population knew of any such persons assigned to the facility.</p>
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Only two inmates assigned to the facility identified as non-cisgender. Both inmates were interviewed. Also, while there was only one inmate assigned to the facility who had reported sexual abuse, three inmates claimed to have filed such reports at the time of their interview. As such, they were given the appropriate survey for response.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p><i>Random Staff Interviews</i></p>	
<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (describe) Race, gender, ethnicity</p> <p><input type="checkbox"/> None (explain)</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other (describe)</p>
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</p>	<p>NA</p>
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>NA</p>
<p><i>Specialized Staff, Volunteers, and Contractor Interviews</i></p>	

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.

50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	18
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	NA
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	NA
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	NA
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	NA
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation

	<input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input checked="" type="checkbox"/> Other (describe) Conducted informal interviews with security and non-uniform staff throughout the on-site inspection.
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	0
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	NA
Site Review and Documentation Sampling	
Site Review	
<i>PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</i>	
59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	NA
Was the site review an active, inquiring process that included the following:	

60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	NA
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	NA
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	NA
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Documentation Sampling

Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Additional documentation sampling respective to the triangulation process.
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Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.
Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual abuse</u>	2	1	1	2
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
Total	2	1	1	2

a. If you were unable to provide any of the information above, explain why this information could not be provided.

NA

68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

No such complaints filed during the audit year.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0	0
Total	0	0	0	0	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>No such complaints filed during the audit year.</p>
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70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	2	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	2	0	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>NA</p>
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Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>No such complaints filed during the audit year.</p>
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72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>No such complaints filed during the audit year.</p>
<p><i>Sexual Abuse and Sexual Harassment Investigation Files Selected for Review</i></p>	
<p><u><i>Sexual Abuse Investigation Files Selected for Review</i></u></p>	
<p>73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>a. If 0, explain why you were unable to review any sexual abuse investigation files:</p>	<p>NA</p>
<p>74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><u><i>Sexual Harassment Investigation Files Selected for Review</i></u></p>	
<p>81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. If 0, explain why you were unable to review any sexual harassment investigation files:</p>	<p>No such complaints filed during the audit year.</p>
<p>82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
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85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
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Staff-on-inmate sexual harassment investigation files

86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
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87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
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88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
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<p>89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>No such complaints filed during the audit year.</p>
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Support Staff Information

DOJ-certified PREA Auditors Support Staff

<p>90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<p>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</p>	NA
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Non-certified Support Staff

<p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<p>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</p>	NA
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Auditing Arrangements and Compensation

92. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (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

115.11 (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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC Sexual Abuse Response Plan
- DDOC Organizational Chart
- HRYCI Organizational Chart, 1-1-22

Interviews:

- Agency Head
- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- The Delaware Department of Correction PREA Coordinator oversees the Howard R. Young Correctional Institution (HRYCI) PREA program.
- The HRYCI PREA Compliance Manager is physically assigned to the HRYCI and maintains a permanent office, with routine activities, within said institution as a function of staff assignment.

Standard Subsections:

(A) DDOC Policy #8.60, Prison Rape Elimination Act (PREA), provides written direction mandating a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. They also outline both the agency's and the facility's approach to preventing, detecting, and responding to such conduct.

(B) The agency has employed an agency wide PREA Coordinator. This position is within the upper hierarchy of organizational authority within the DDOC. The PREA Coordinator's sole responsibility within the agency is to facilitate institutional needs specific to the implementation and advancement of the PREA standards. As such, the PREA Coordinator is charged with program management of all facility based PREA Compliance Managers. Hence, the PREA Coordinator, in coordination with facility wardens, oversees the implementation of PREA standards at the facility level.

(C) The State of Delaware operates four penal institutions. Each warden within said institution has been charged with designating a PREA Compliance Manager. The HRYCI Warden affirms designation of the HRYCI PREA Compliance Manager to serve in this capacity. The HRYCI PREA Compliance Manager further confirms both sufficient time and authority to coordinate the facility's efforts in complying with the PREA standards.

Reasoning & Findings Statement:

This standard works to ensure the agency operates with a zero-tolerance acceptance level of sexual abuse and sexual harassment of incarcerated inmates. As well, the standard requires that individual

facilities operate with respect to the agency's zero-tolerance expectation. In this regard, the agency has implemented policies designed to prevent, detect, and respond to sexual abuse and sexual harassment. The standard requires the minimum staffing of one agency wide PREA Coordinator and then individual PREA Compliance Managers assigned to each facility. The State of Delaware has met this requirement. As such, the agency, and by extension the facility, has clearly reached the basic requirements of this standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates 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 inmates.) Yes No NA

115.12 (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 inmates.) 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC Policy #3.5, Contractual Programs and Services, 4-2-15
- DDOC New Choices Program, Contract, 7-31-23
- Gaudenzia PREA Report, 9-17-19

Interviews:

- Agency Contract Administrator
- Agency PREA Coordinator

Site Review Observations:

- The HRYCI is a publicly operated correctional facility through the Delaware Department of Correction (DDOC).

Standard Subsections:

(A) The DDOC has only one contract for the confinement of its inmates with one private agency; namely, the New Choices Program. The current contract governing this relationship contain explicit language directing said agency to adopt and comply with the Prison Rape Elimination Act, National Standards to Prevent, Detect, and Respond to Prison Rape (28 C.F.R. Part 115).

(B) This contract also contains language requiring that the DDOC monitors PREA compliance of the contracted facility, as well as provide relevant training on its responsibilities under DDOC's policy on prevention, detection, and response to sexual abuse and sexual harassment. As evidenced by the DDOC's PREA Audit Schedule, all DDOC facilities, either privately or publicly owned, are routinely audited for their compliance with the PREA standards.

Reasoning & Findings Statement:

This standard ensures that all private entities contractually bound to the parent agency; namely, the Delaware Department of Correction, complies with the PREA standards. In this, prior to engaging any contractual relationship with a private agency, the DDOC ensures that all private agencies understand that it is the private agency's' absolute responsibility to comply with PREA regulations. Furthermore, once contracted with the DDOC, private agencies understand their continuing duty to remain in compliance with PREA standards. To assist in their compliance with DDOC regulations, to include PREA policies, the privately operated facility has been assigned an DDOC liaison. Lastly, this private facility is routinely audited on a rotating basis to encourage said compliance. Hence, the agency meets the established requirements under this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing

and, where applicable, video monitoring, to protect inmates against sexual abuse?

Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- HRYCI Annual Staffing Plan Review, 3-8-22

- Area Logbook 2J&K, 1-4-22
- Area Logbook 2R, 1-17-22

Interviews:

- HRYCI Facility Warden
- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- Intermediate or Higher-Level Facility Staff
- Random Staff

Site Review Observations:

- All inmate housing areas contain at least one security staff post that is continuously monitored by staff. All areas of high offender traffic are assigned permanent staffing positions while in operation.
- During the site review, supervisory staff were observed making routine and frequent rounds throughout the facility. All random staff interviewed did indicate that supervisory staff were available to them as needed. As well, supervisory staff did routinely conduct unannounced rounds within the facility.
- While conducting supervisory rounds, ranking officials were routinely observed reviewing required documentation completed by line staff as a function of their duty posts.
- During the on-site portion of the audit, fourteen Area Logbooks were inspected to ensure supervisory staff were conducting, and properly documenting, their unannounced rounds.
- Area Logbooks were also reviewed to ensure that opposite gender advisements on all three facility shifts, where appropriate, were being made and properly documented.

Standard Subsections:

(A) The DDOC and the HRYCI has developed and documented a staffing plan. Facility administrators are required to make their best efforts in complying with said plan on a regular basis to provide for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against abuse (#8.60). As explicitly noted within the HRYCI Staffing Plan (2022), the staffing plan takes into consideration generally accepted correctional practices when determining staffing needs and the need for video monitoring. If present, the staffing plan considers any judicial, federal investigative agencies, internal, and external oversight bodies' findings of inadequacy. The HRYCI Staffing Plan (2022) requires that the unit considers components of the facility's physical plant, composition of the inmate population, number and placement of supervisory staff, institutional programming needs, applicable state and local laws, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, as well as any other relevant factors when determining staffing needs and the need for video monitoring. Unit Administration does consider the nature of the inmate population and current issues/trends within the inmate population when determining staffing levels. The HRYCI staffing plan was predicated consistent with average daily number of inmates assigned to the HRYCI (1,207 in CY 2021).

(B) DDOC policy governs the minimum use of employee staffing (HRYCI Staffing Plan, 2022). If unit staffing levels fall below these minimum requirements, DDOC policy further requires that facility staff properly document each occurrence. Within the past twelve months, the staffing levels of HRYCI have not fallen below the required levels.

(C) The facility conducts an annual review of its staffing plan, with the last review being finalized March 8, 2022. As evidenced via interviews with agency and facility staff, in completing the HRYCI staffing plan review, the facility did coordinate with the agency PREA Coordinator, as well as the HRYCI PREA Compliance Manager, to develop the facility staffing plan in accordance with the 115.13(a). As well, PREA staffing members were consulted regarding the use of resources necessary to commit to the staffing plan and the use of video monitoring technologies within the facility.

(D) The agency does have a policy in place to mandate unannounced rounds conducted by intermediate-level or higher-level supervisors (#8.60). This policy does require that staff document those rounds. The policy requires unannounced rounds to be made on all shifts, both day and night hours. The agency also prohibits staff from alerting others that said rounds are being conducted. The timing of the site reviewed allowed the auditor to observe the facility while employees from all three shifts were on duty. The auditor did observe line and supervisory staff document said rounds as appropriate. While conducting the site review, the auditor also reviewed fourteen Area Logbooks throughout the facility. Said documentation did reflect that not only were supervisory staff conducting unannounced rounds, but these rounds were also clearly documented using red ink. When interviewed, supervisory staff stated that they performed unannounced rounds at various times, as well as walked varying paces and routes when conducting unannounced rounds to make their presence less predictable. When interviewing random staff, all persons stated that supervisors routinely conduct unannounced rounds. Staff also noted that it was a violation of policy for staff to call ahead and warn their co-workers that a supervisor was conducting security rounds. When interviewing random inmates, they consistently stated that they have routinely witnessed supervisory staff conducting rounds throughout the facility. During the site review, it was further noted that inmates seemed comfortable with the presence of supervisory staff within their housing areas; thus, further supporting the claim that said staff are routinely present in inmate housing areas.

Reasoning & Findings Statement:

This standard requires the facility to ensure adequate staffing levels that promote the safety of not only all inmates assigned to the facility, but also to ensure the safety of all correctional employees, volunteers, and contractors within the institution. During the past 12 months, the HRYCI did not deviate from its staffing plan. To ensure that the sexual safety of inmates assigned to the HRYCI is given sufficient weight in determining facility staffing needs, the HRYCI staffing plan is reviewed annually in coordination with all HRYCI PREA staffing components. Lastly, to ensure meaningful and effective correctional supervision, HRYCI supervisors routinely conduct and document unannounced rounds. As such, the HRYCI facility meets the requirements of this provision.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15

Interviews:

- Agency PREA Coordinator
- HRYCI PREA Compliance Manager

- HRYCI Facility Warden
- Random Staff
- Random/Targeted Inmates

Site Review Observations:

- While conducting the on-site review, the auditor did not observe any inmates who appeared excessively youthful.
- In reviewing inmate documents, the auditor did not observe any inmate birthdays to be less than 18 years before the date of the on-site review.
- All inmates interviewed stated that they were at least 18 years of age and did not have any knowledge of any inmates assigned to the HRYCI who were not at least 18 years of age.

Standard Subsections:

(A) The DDOC policy (Policy #8.60) prohibits the placement of any inmate less than 18 years of age in a housing unit within sight or sound of any adult inmates. As well, youthful inmates may not have any physical contact through the use of a shared dayroom or other common space, shower area, or sleeping quarters, with any adult inmate.

(B) As HRYCI does not house any inmates less than the age of 18 years, the facility has most certainly maintained absolute sight and sound separation between youthful inmates and adult inmates.

(C) As HRYCI does not house any inmate less than 18 years of age, its unit administration has absolutely avoided placing any adolescent inmate in isolation in order prevent said inmate from living within sight and sound of adult inmates. Hence, the HRYCI has not denied any adolescent inmate the ability to engage in daily large-muscle exercise or to participate in other program or work opportunities.

Reasoning & Findings Statement:

This standard requires that the agency ensures sight and sound separation between youthful inmates and adult inmates. Alternatively, the standard requires that there is direct staff supervision when youthful inmates and adult inmates have the possibility of sight, sound, or physical contact. The State of Delaware requires that youthful inmates are not placed in an area where they have sight, sound, or physical contact with any adult inmate. As HRYCI contains only adult housing units, HRYCI is prohibited from receiving, and subsequently housing, youthful inmates. As such, the facility has exceeded this standard by maintaining an absolute and constant sight, sound, and physical barrier between youthful inmates and incarcerated adults.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (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 inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates 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 have procedures that enables inmates 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 inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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

115.15 (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 inmates 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC Policy #8.60A, Transgender Offenders, 10-19-16
- DDOC The Prison Rape Elimination Act, FY22
- DDOC Staff Initial PREA Training Record, 2022

Interviews:

- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Random Inmates

Site Review Observations:

- During the site review, staff were routinely observed making cross-gender announcements when persons of the opposite gender entered inmate housing areas.
- Supervisory staff were observed conducting their routine security checks within inmate housing areas. Cross-gender announcements and supervisory rounds, both unannounced rounds and

scheduled rounds, were subsequently documented on the area logbooks.

- HRYCI documentation reflects that during the past twelve months, the facility has not had any cross-gender visual or body cavity searches of inmates.
- Privacy shields were in place inhibiting the view into all inmate restrooms.
- Privacy shields were in place and/or available in all medical examination rooms.
- Privacy screens were noted in all shower areas.

Standard Subsections:

(A) Policy (#8.60) prohibits cross-gender strip or visual body cavity search of inmates except in exigent circumstances or by medical practitioners. Random staff interviews confirm that staff do not engage in such activities. Furthermore, all 43 inmates interviewed noted that they had not, nor had they witnessed any other inmate, being stripped or body cavity searched by a security staff member of the opposite gender.

(B) The HRYCI is a male facility. There are no biological females incarcerated at this facility.

(C) HRYCI policy (Policy #8.60) requires that all cross-gender strip and visual body cavity searches are documented. The facility has not engaged in any cross-gender strip searches or cross-gender body cavity searches within the audit period. However, under exigent circumstances, should the need arise, all random staff interviewed understood that such action, while extremely unlikely, would require extensive justification.

(D) The HRYCI does have a policy (#8.60) in place that allows inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing inmate buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The facility does follow policy in requiring that staff of the opposite gender announce their presence when entering an inmate housing unit. In speaking with agency staff, all staff members were aware of the agency's prohibition against cross-gender strip and visual body cavity searches. HRYCI policy (#8.60) requires all persons of the opposite gender to announce their presence upon entering an opposite gender housing assignment. All female staff interviewed did confirm their adherence to said policy. As well, the majority of inmates interviewed confirmed this practice. During the facility site review, modesty barriers and curtains were in place throughout the facility to inhibit the viewing of inmates in a state of undress.

(E) DDOC policy (Policy #8.60A) prohibits searching transgender or intersex inmates for the sole purpose of determining the inmates' genital status. In interviewing staff, it was clearly expressed that if the gender of an inmate is unknown, conducting a strip search to determine the gender of the inmate would be inappropriate. Instead, staff noted to determine gender, if necessary, they would contact the medical department, their supervisor, or simply ask the inmate.

(F) Records reflect that HRYCI security staff have been trained on proper policy specific to conducting cross-gender inmate pat searches and transgender pat searches in a professional and least intrusive manner as possible consistent with security needs. All random staff interviewed did affirm their understanding of agency policy prohibiting the search of any transgender or intersex inmate for the sole purpose of determining the inmate's genital status. DDOC Policy #8.60A specifies that "security staff will not search/strip search a transgender inmate for the sole purpose of determining biological sex or gender." The DDOC Employee Development Center Lesson Plan, The Prison Rape Elimination Act (PREA) and Related Topics, provides clear instructions on how staff will perform searches of any inmate, to include transgender inmates. Random security staff interviewed confirmed their understanding of how to conduct a proper search of transgender/intersex inmates assigned to the

HRYCI. As well, facility training rosters reflect that correctional staff assigned to the HRYCI have been trained on how to conduct searches in a professional and least intrusive manner as possible.

Reasoning & Findings Statement:

This standard requires that the agency place limits on cross-gender strip or cavity searches. The DDOC has enacted policies prohibiting said searches in the absence of exigent circumstances. In the event exigent circumstances require cross-gender strip or cavity searches, policy subsequently requires this search to be properly documented. Agency security staff are trained on the proper procedures to conduct pat searches on transgender or intersex inmates, which requires said searches to be performed in a professional and least intrusive manner as possible. As well, the agency requires opposite gender staff to announce their presence upon entering inmate housing areas where persons may be in a state of undress. As such, the HRYCI has satisfied the requirements of this standard.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates 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 inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (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 inmates 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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate'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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC PREA Videos for Hearing Impaired, Spanish, 2005
- DDOC PREA Videos for Hearing Impaired, English w/ closed captioned for hearing impaired, 2005
- DDOC Translation Services and Sign Language
- DDOC I Speak Language Guide, August 2011
- HRYCI PREA Staff Training, 6-2-2022

Interviews:

- Agency Head
- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Intermediate or Higher-Level Facility Staff
- Random Staff
- Inmates with Disabilities
- Inmates with Limited English Proficiency

Site Review Observations:

- Correctional staff assigned to housing areas entered each area within the building to loudly announce inmate information, to include when female staff entered the housing area.
- Handicap accommodations were easily recognizable and accessible throughout the facility. Handicap shower areas contained appropriate PREA modesty screens.
- PREA Notices, as well as other advisement notices, were posted in languages spoken by significant portions of the inmate population; namely English and Spanish.
- Language line services are available for staff to communicate with inmates who do not speak English.
- Staff translators are also available as needed.
- Mental Health Services were readily available to assist cognitively or otherwise disabled inmates.

Standard Subsections:

(A) The DDOC has developed an agency wide policy (Policy #8.60) to enhance communication efforts with disabled inmates; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency; so as to provide said inmates with 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. PREA educational

information is provided in writing, verbally, as well as presented in video format (available in English and Spanish). The video format includes closed caption. The HRYCI maintains a contract for translation and interpretation services to assist inmates who do not speak a language common to HRYCI staff. In this, the language line services can be used to translate PREA, as well other confidential information.

When interviewing staff, employees were aware of the need to obtain staff interpreters for sensitive security matters, such as PREA related investigations. All staff were aware that other inmates could not be used to translate for any inmate during a sexual abuse/harassment investigation or incident. When speaking with a LEP inmate, this person stated that his limited English proficiency has not prevented him from participating in any facility-based services, to include the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Additionally, inmates with physical and/or intellectual disabilities were interviewed. These inmates all stated that either DDOC has made accommodations for their disabilities or that their disabilities did not prevent them from participating in any facility-based services, to include the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

(B) The PREA informational pamphlet is printed in two different languages: English and Spanish. As well, the PREA Inmate Education Video can be seen by inmates in those languages, along with being illustrated via closed captioning. As needed, per the HRYCI PREA Compliance Manager, language line services can also be used to translate PREA information into other languages.

(C) The DDOC has developed agency-wide policies that prohibit the use of inmate interpreters or other types of inmate-based assistance in the transmission or subsequent investigation of security sensitive information, such as PREA related matters (Policy #8.60). The agency has also developed agency wide policies to enhance communication efforts with disabled inmates; such as those with hearing, vision, speech, or other physical disabilities; psychiatric or other intellectual disabilities, or those with limited English proficiency (Policy #8.60); so as to provide said inmates with an equal opportunity to directly participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment without the use of inmate interpreters or other types of inmate-based assistance. HRYCI staff are aware of these agency policies and do not utilize inmate interpreters for security sensitive matters.

Reasoning & Findings Statement:

This standard seeks to empower all inmates with the right to be free from sexual abuse and sexual harassment. An essential component to that requirement is the ability to access PREA information, services, and support services. Inmates with disabilities; either cognitive, physical, or cultural, may require additional assistance in achieving said access. Hence, it is necessary for the agency to provide additional measures to ensure said inmates have equal access. The DDOC recognizes this need and has created policies to address it. The HRYCI maintains sufficient stocks of PREA informational pamphlets in both English and Spanish. As needed, the HRYCI routinely stocks PREA informational brochures, as well as shows PREA informational videos in Spanish, the most spoken language inside of HRYCI outside of English. Lastly, it should be noted that at no time during the past 12 months, has HRYCI used inmate interpreters to help agency staff communicate with inmates regarding security sensitive information.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates 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 inmates 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 inmates 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 inmates 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 inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates 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 inmates 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

115.17 (g)

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

115.17 (h)

- 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

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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- HRYCI Random Check Query, 6-7-22

Interviews:

- Administrative (Human Resources) Staff
- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden

Site Review Observations:

- Review of HRYCI employee files
- Review of HRYCI employee PREA training tracking spreadsheet
- Review of HRYCI volunteer and contractor files

Standard Subsections:

(A) The DDOC has developed an agency wide policy (Policy #8.60) that prohibits the hiring or promotion of employees and contracted workers who have engaged in sexual abuse, been convicted of engaging or attempting to engage in a sexual activity with inmates, or have been civilly or administratively adjudicated to have engaged in a sexual activity with inmates, while in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The agency also has policies that stipulate prior to all hiring and promotional decisions of employees and contract workers, any incidents of sexual harassment will be considered. According to Human Resource staff, prior to hiring any new employee or contract worker at the facility level, HRYCI Human Resource staff ensure that criminal background checks have been conducted on the prospective employee. As well, Human Resource staff ensure that all previous institutions of employment are contacted to determine if candidates have any previously substantiated claims of sexual abuse or resigned during a pending investigation of such claims. Conversely, policy also requires that the HRYCI cooperate with other correctional and law enforcement agencies to ensure that accurate information regarding PREA related employment laws are effectively shared between agencies.

(B) DDOC policy (Policy #8.60) requires the facility to consider any incidents of sexual harassment in determining whether to hire/promote anyone who may have contact with inmates. Likewise, in speaking with the HRYCI Human Resource representative, agency policy requires Human Resource staff verify contractor employment history. In this, the Internal Affairs (IA) Department conducts routine criminal background checks on contractors prior to employment and again every two years. Additionally, the IA conducts random background checks for contractors on a monthly basis.

(C) Before hiring or promoting employees, policy (Policy #8.60) requires the agency to perform criminal background checks. Policy also requires the agency to conduct checks with prior employers for any applicant previously employed by a correctional facility. In speaking with the HRYCI Human Resource representative, agency policy requires Human Resource staff verify staff employment history. In this, the Internal Affairs Department conducts routine criminal background checks on staff prior to employment and again once every five years. Additionally, the IA conducts random background checks for employees on a monthly basis.

(D) Agency policy requires that prior to enlisting the services of any contractor who may have contact with inmates, the agency performs a criminal background record check on said contractor. In speaking with Human Resource staff, it was noted that the IA department performs a record check on all contractors prior to their being permitted on the facility, every two years thereafter, as well as randomly throughout their contract.

(E) Once employed, agency policy (Policy #8.60) requires that criminal background checks are conducted every five years to ensure that said persons have not been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. As well, employees have an affirmative duty to report any contact they may have had with other law enforcement agencies and to report any sexual misconduct they may have been found guilty of at any other institution (Policy #8.60). Furthermore, employees are made aware that failing to provide this information, or providing false information regarding sexual misconduct, is grounds for employee discipline, to include termination of employment (Policy #8.60). There is also a system in place; namely, the Delaware Criminal Justice Information System (DELJIS), that uses employee fingerprints to provide the agency notice if any employee is arrested or charged with a crime.

(F) All applicants, employees, and contractors are required to routinely disclose (during the application process and subsequent in-service trainings) any previous sexual misconduct that may have occurred in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Additionally, the DDOC does impose a continuing affirmative duty on all employees to disclose any misconduct found within Section A of this standard (Policy #8.60).

(G) Agency policy expressly advises employees that material omissions or providing false information regarding the aforementioned misconduct is grounds for termination.

(H) Per Human Resource staff, agency policy allows that unless prohibited by law, the DDOC shall 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 (Policy #8.60).

Reasoning & Findings Statement:

This standard requires the agency to consider the sexual safety of inmates in filling all contracted staff positions, as well as in all hiring and promotion decisions within the agency. The agency has numerous practices in place to ensure that end. While PREA standards require staff and contractor background checks occur once every five years, DDOC policy requires that contractor checks occur once every two years and that additional employee/contractor background checks are conducted on random, monthly basis. Review of employee and contractor files, as well as a monthly random check audit query, reflect that the HRYCI Human Resource Department follows agency policy. As such, the HRYCI exceeds the requirements of this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (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 inmates 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

115.18 (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 inmates 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

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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- HRYCI Upgrades to Facilities and Technologies Form
- HRYCI Annual Staffing Plan Review, 3-8-22

Interviews:

- Agency Head
- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden

Site Review Observations:

- Observed video monitoring technologies present within the facility.

Standard Subsections:

(A) Per the HRYCI Warden, the HRYCI has not designed or acquired any new facility or planned any substantial expansion or modification of existing facilities within the previous 12 months. However, when substantial changes are made, the agency does consider the effect that the design, acquisition, expansion, or modification that the preexisting condition has upon the agency's ability to protect inmates from sexual abuse.

(B) The HRYCI has installed and updated its video monitoring system since the last PREA audit. In designing the new placement of video monitoring devices, significant consideration was given to eliminate blind spots, as well as to increase the clarity of camera footage during both day and nighttime hours. Additional camera types were added to increase coverage within previously monitored areas. Lastly, more cameras were added to provide surveillance in areas previously lacking such. Thus, broadening the total recorded coverage.

Reasoning & Findings Statement:

Within the audit time frame, HRYCI has not designed or acquired any substantial expansion or modification of its existing facilities. The HRYCI has, however, significantly expanded its video monitoring system. As a function of its annual staffing review, the HRYCI does consider, among other factors, generally accepted correctional practices and the use of video monitoring technologies. In all staffing decisions, as well as decisions involving the use of video monitoring technology, the HRYCI seeks to maximize the facility's ability to protect inmates from sexual abuse. By upgrading the previous analog operating system, reconfiguring camera placement and styles, as well as adding additional cameras to the system in order to help eliminate blind spots and increase security, the HRYCI has exceeded in its efforts to upgrade the previous video monitoring system.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (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

115.21 (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

115.21 (c)

- Does the agency offer all victims of 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

115.21 (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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (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

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- Delaware Title 11, Chapter 83, Section 8302

- DDOC Guidelines and Strategic Plan: Sexual Assault Response Team (SART)
- Christiana Care, Forensic Nurse Examiners Information, 12-20-21
- DDOC, Policy #E-01, Information on Health Services, 10-20-21
- DDOC MOU with ContactLifeline, 3-25-22
- DDOC MOU with Sexual Assault Response Center (SARC), 11-2-21
- DDOC Policy #8.35, Investigative Responsibilities of and Assistance from the State Police, 6-29-15
- DPS PREA Affirmation, 10-6-21
- HRYCI Incident Report, 1-24-22

Interviews:

- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Investigative Staff
- Random Staff
- Medical and Mental Health Staff
- Inmates Who Reported Sexual Abuse
- SAFE and/or SANE Hospital Staff
- ContactLifeline Staff
- SARC Staff
- Just Detention International Staff

Site Review Observations:

- Reviewed 2 complete PREA investigation files at HRYCI
- Observed posted information regarding victim advocacy services

Standard Subsections:

(A) Agency policy (Policy #8.60, Policy #8.35) mandates that the Delaware State Police (DSP) is responsible for investigating criminal allegations of sexual abuse. In this, policy asks that the DSP follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative procedures and criminal prosecutions.

(B) As the HRYCI does not house youth, it is not necessary to utilize a developmentally appropriate youth protocol. HRYCI policy does, however, still require the agency to utilize the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents as the evidence collection protocol manual (Policy F-06).

(C) In accordance with agency protocol, the HRYCI does ensure that all inmates are given access to forensic medical examinations without cost (Policy #8.60, #E-01). These exams are performed at an outside facility by qualified SAFE/SANE nursing staff. As SAFE/SANE staff are either on duty or on call 24 hours a day, seven days a week, the examination will always be performed by a qualified medical practitioner. The facility utilizes Christiana Hospital for forensic examines. In the past 12 months, the HRYCI has facilitated one forensic medical examination.

(D) The agency does attempt to make a victim's advocate available for inmate support. In this, policy allows for victims to meet with advocates from the Sexual Assault Response Center. Policy also allows for the use of state-based advocates as available from the ContactLifeline and the Delaware State Police Victim Services Division.

(E) In accordance to the Sexual Assault Response Team guidelines, and as requested by the victim, a rape crisis center advocate may remain with the inmate through the forensic medical examination process and investigatory interviews. As requested, this person may provide emotional support, crisis intervention, information, and referrals.

(F) Agency policy (Policy #8.60) mandates that the Delaware State Police (DSP) is responsible for investigating criminal allegations of sexual abuse. To this effect, HRYCI policy does ask that DSP utilize the U.S. Department of Justice's Office on Violence Against Women protocol; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents as the evidence collection protocol manual.

(G) The auditor is not required to audit this provision.

(H) Only qualified victims advocations may service in this position. The MOU between the DDOC and previously noted victim advocate groups requires that advocacy staff are appropriately screened and trained for that purpose. Hence, the agency has ensured that all persons who have contact with HRYCI inmates have been appropriately screened and trained, as well as received education concerning sexual assault and forensic examination issues in general.

Reasoning & Findings Statement:

This standard concerns evidence protocol and forensic medical examinations. During the past 12 months, the HRYCI has initiated the evidence protocol and forensic medical examination process on one occasion. As such, the facility is very much aware of the policies and has practices in place should the need again arise at some future point. With this in mind, the HRYCI has met the requirements of this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (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

115.22 (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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- Delaware Legislature, Title 11, Chapter 83, Section 8302
- DDOC Agency Website with PREA Policy
- DSP Incident Report, 1-24-22
- DDOC Policy #8.35, Investigative Responsibilities of and Assistance from the State Police, 6-29-15

Interviews:

- Agency Head
- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Agency Investigative Staff
- Delaware State Police
- Medical and Mental Health Staff

Site Review Observations:

- Reviewed documentary files with facility staff.
- Reviewed documentary files with investigative staff.

Standard Subsections:

(A) Policy (Policy #8.60) requires that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Within the last 12 months, the HRYCI has received a total of two sexual abuse/sexual harassment allegations. Both of those investigatory files were reviewed to ensure the allegations as presented were investigated and subsequently addressed. Additionally, the auditor verified that the reporting time frames, required notifications, and prosecutor referrals, if appropriate, were made. Of the two sexual abuse/sexual harassment allegations reviewed, both allegations were unfounded. The Delaware State Police (DSP) was properly notified. However, as the merits of these cases did not rise to the level of criminal abuse, the DSP declined to pursue criminal prosecution.

(B) The DDOC refers all allegations of sexual abuse to the DSP, an external law enforcement agency with legal authority to conduct criminal investigations. All referrals to the DSP are documented by the agency. The DDOC has published this policy, as well as all others related to the PREA investigation process, on the agency website.

(C) In accordance with DDOC Policy #8.35, "The Department of Correction shall request that the Delaware State Police personnel investigate the following categories of complaints, if they are alleged to occur within any Department facility... Pursuant to the procedures set forth in DOC policy including policy 8.60 Prison Rape Elimination Act." DDOC Policy #8.60 further notes that "if an allegation indicates criminal behavior, the Department shall refer the case to the exclusive jurisdiction to investigate allegations of rape as outlined in 11 Del. Code Ch. 83, Section 8302."

(D) The auditor is not required to audit this provision.

(E) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard ensures that proper referrals of allegations are made for further investigations. The DDOC does have appropriate policies in place mandating referrals in specific instances. In interviewing HRYCI staff, it is clear that HRYCI staff refer all required investigations to DSP for further processing in accordance to policy. Additionally, HRYCI provided sufficient documentation to evidence the facility's

adherence to agency protocol. As such, the HRYCI complies in all material ways with this standard for the relevant review period.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates 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 inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates 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 inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

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

115.31 (c)

- Have all current employees who may have contact with inmates 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

115.31 (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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC The Prison Rape Elimination Act Introduction PowerPoint, FY22
- HRYCI PREA Staff Training, 6-2-2022

Interviews:

- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Administrative (Human Resources Staff)

- Medical and Mental Health Staff

Site Review Observations:

- The auditor was provided with a training list of all HRYCI staff, to include newly hired staff. During the course of all staff and contract worker interviews, all persons were asked if, and when, they had received their required PREA training. Their responses were subsequently matched against the HRYCI PREA Training Completion Report to ensure the validity of said report.

Standard Subsections:

(A) Policy #8.60 requires all employees to be fully trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment. As verified by Human Resource staff, such training is initially performed as a function of the hiring process. The Prison Rape Elimination Act training is a comprehensive analysis of state laws and PREA standards. A review of training curriculum for this class reflects the agency's zero-tolerance policy for sexual abuse and sexual harassment, and discussion on how employees may fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. Employees are also informed that inmates have a right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting said abuse and harassment, the dynamics of sexual abuse/harassment, reactions to sexual abuse/harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to comply with relevant mandatory reporting laws specific to reporting abuse to outside authorities, and how to communicate effectively and professionally with inmates; including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

(B) Agency policy (Policy #8.60) requires that all employees receive training specific to the gender of inmates assigned to the employee's unit of assignment. Training curriculum reviews demonstrate that the material is appropriate for the gender of inmates at the HRYCI.

(C) A review of completed HRYCI PREA Training reflects that all employees have received their initial PREA training. Following this initial training, subsequent refresher trainings are provided to staff at mandatory time intervals; specifically, their annual In-Service Training. A review of the HRYCI PREA Training Report reflects continuing training schedules have all been maintained.

(D) All training is electronically verified and documented upon completion of the DDOC PREA online training curriculum.

Reasoning & Findings Statement:

This standard relates to employee training. The agency has clearly established training expectations and well-developed training curriculums. HRYCI maintains compliance with those imperatives. All training is electronically documented upon completion, with HRYCI maintaining an overall master list of all staff having completed said training. During staff interviews, all employees affirmed their having received significant training as related to the PREA standards. When asked the series of questions noted within Subsection A of this standard, all staff knew and understood their responsibilities within the agency's zero-tolerance policy. While this standard requires employees to be given PREA refresher training at least once every two years, the HRYCI provides this training on an annual basis. As such, HRYCI has exceeded the requirements of this provision.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates 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 inmates)? Yes No

115.32 (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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC A Guide to the Prevention and Reporting of Sexual Abuse and Misconduct with Offenders, PREA Information for Contractors, Vendors, and Volunteers with Limited Contact with Offenders
- HRYCI Volunteer PREA Training Acknowledgement Packet, 2-25-22

Interviews:

- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Administrative (Human Resources Staff)
- Medical and Mental Health Staff
- Contractors Who May Have Contact with Inmates

Site Review Observations:

- Review of volunteer and contractor worker standard of conduct training forms.

Standard Subsections:

(A) Policy #8.60 requires that “the Department shall train all employees, vendors, volunteers, and others, who may have contact with inmates” on the agency’s PREA and zero-tolerance policies. At the time of the audit, the HRYCI had eleven contract workers and volunteers who would have contact with inmates. 100% of those persons have received appropriate PREA training dependent on their level of contact with inmates within the facility.

(B) During the on-site audit, which occurred in light of the 2020 Coronavirus pandemic, nonessential persons were not present on the facility. As such, there were no volunteers available for interview. However, contract workers were available for interview. When interviewed, these contract workers all stated that they had been made aware of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment. They further stated that if the need arose, they could report an incident of sexual abuse or sexual harassment to their supervisor or any security staff member.

(C) Volunteers and contractors are required to receive PREA training prior to their being able to work/volunteer within the facility. After receipt of training, contractors and volunteers sign an acknowledgement form indicating the date and that they understood the training that they had received. The HRYCI then maintains a copy of all training files belonging to both volunteers and contractors. Files were randomly reviewed as part of the auditing process and found to be within compliance.

Reasoning & Findings Statement:

The agency requires all volunteers and contractors to receive formal training on the agency’s zero-tolerance policy for sexual abuse and sexual harassment. In this, volunteers and contractors must be provided sufficient notice of the agency’s zero-tolerance policy of sexual abuse and sexual harassment. As well, said persons must be informed of how to report any knowledge they may have regarding such abuse. Lastly, the standard requires that the agency maintain appropriate training records to verify that volunteers and contractors understood the training that they had received. As with employee training, the HRYCI has ensured both volunteers and contractors conducting business on the facility have received and subsequently documented their PREA trainings. In speaking with contracted personnel, it was clear they understood the professional boundaries between themselves and the inmates assigned to the institution. While the standard requires this training to be provided upon initial entrance into the facility and then every other year thereafter, HRYCI provides refresher training on an annual basis. As such, the facility has clearly met the requirements of this standard.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate 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

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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC PREA Inmate Handbook, English, December 2018
- DDOC PREA Inmate Handbook, Spanish, December 2018
- DDOC PREA Education in DACS Orientation
- DDOC PREA Awareness Poster, English
- DDOC PREA Awareness Poster, Spanish
- DDOC PREA Third Party Report Flyer, English

Interviews:

- HRYCI PREA Compliance Manager
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Inmates

Site Review Observations:

- Observed the inmate reception area.
- Observed PREA Risk Screening Process.
- Observed PREA informational postings in Inmate Housing, Education, Library, Law Library, and other areas of high traffic.
- Observed a variety of PREA related materials and information available for inmate use within the Library and Law Library areas.
- Reviewed five inmate files for evidence of initial and continued PREA training

Standard Subsections:

(A) Policy #8.60 requires that upon receipt into the facility, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Inmates will also be informed of reporting mechanisms to expose incidents or suspicions of sexual abuse and harassment. Within the past 12 months, the HRYCI has received 4,111 inmates during the Intake process. Of those inmates, 100% were provided the initial PREA screening and information.

(B) As noted by Intake staff, inmates are immediately provided a brief summary of the PREA standards upon their initial arrival to the facility. Inmates are then provided a more comprehensive training detailing key points of the process within thirty days of intake. Every inmate transferring into HRYCI, regardless of how long the inmate has been incarcerated within DDOC, will participate in facility orientation, including a comprehensive component on sexual abuse and sexual harassment prevention and response.

(C) Per the HRYCI PREA Compliance Manager, all inmates who are incarcerated within the HRYCI are required to watch the Inmate PREA training video entitled Speaking Up: Discussing Prison Sexual Assault. Upon any transfer to another facility within the DDOC, inmates are again required to watch the PREA orientation video as part of the facility orientation program. The DDOC, despite having largely consistent policies across the system, requires that a facility orientation, including a comprehensive PREA education, must be provided following each transfer (Policy #8.60). According to the agency's PREA Coordinator, this ensures that each facility can reinforce its role in supporting the agency's zero tolerance policy toward all forms of sexual victimization. During orientation, each facility also provides local information, including identifying its PREA point person.

(D) All PREA information is provided in several alternative formats to ensure inmates with disabilities, to include those with limited English proficiency, have equal opportunity to receive, understand, and utilize the PREA process as necessary to promote the sexual safety of all inmates assigned to the DDOC, and more specifically, the HRYCI. PREA brochures and informational posters are provided in both English and Spanish, the most common language other than English spoken within the HRYCI. The PREA brochure is available in braille. As well, there is a PREA brochure designed specifically for transgender inmates that addresses specific concerns commonly associated with said community. In English, the PREA video contains closed captioning for the hearing impaired. PREA informational posters are available in large print for the visually impaired. Translation services are available for inmates who don't speak English. Additionally, American Sign Language services are available. As well, per policy (#8.60), the agency will provide reasonable accommodations to all inmates in need of ADA accommodations, both physical and cognitive, so as to ensure said inmates have equal opportunity to benefit from the PREA provisions.

(E) In accordance to policy (#8.60), at Intake, inmates are provided with a brief PREA overview. Within 30 days of Intake, inmates are then provided with a complete and comprehensive in-person facility orientation, to include PREA training. The information received is documented on the HRYCI Initial Inmate PREA Training Acknowledgement, as well as the HRYCI Inmate PREA 30-Day Education Log, which is then acknowledged via signature by both the inmate receiving training and the staff member providing it.

(F) Inmates are provided personal copies of the HRYCI Inmate Orientation Handbook (available in English and Spanish) upon receipt into the HRYCI. They are also provided personal copies of the DDOC Prison Rape Elimination Act Handbook for Inmates (available in English and Spanish). This material, as well as a wealth of other PREA related information, is continuously available within the facility's Law Library. It is also continuously available via each inmate's tablet. Throughout the facility, as well as posted near all inmate phones, PREA informational posters are displayed in both English and Spanish.

Reasoning & Findings Statement:

This standard works to ensure that inmates are cognizant of the agency's zero-tolerance policy toward sexual abuse and sexual harassment, as well as have subsequent access to, and can effectively utilize, the PREA reporting mechanism. HRYCI provides the required initial and subsequent PREA informational trainings. In speaking with inmates assigned to the HRYCI, every single inmate stated that he was aware of PREA and its purpose within the facility. While inmates were collectively aware of the policy and their rights to varying degrees, all inmates interviewed were specifically aware of at least one, but generally more, methods by which they could report allegations of sexual abuse or sexual harassment. Accordingly, the HRYCI has demonstrated compliance with the standards related to this provision.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive 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 115.21(a).) Yes No NA

115.34 (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 115.21(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 115.21(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 115.21(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 115.21(a).) Yes No NA

115.34 (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 115.21(a).) Yes No NA

115.34 (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

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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC PREA Specialized Training: Investigations
- HRYCI PREA Staff Training, 6-2-2022
- HRYCI PREA Investigator Certificate, 8-15-13, 9-12-13, 2-19-15a, 2-19-15b, 2-19-15c, 8-6-15, 12-1-16, 12-12-18a, 12-12-18b, 12-12-18c, 12-12-18d, 10-26-21a, 10-26-21b, 10-26-21c, 10-26-21d, 10-26-21e

Interviews:

- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Administrative (Human Resources Staff)
- HRYCI Investigative Staff
- Delaware State Police Investigative Staff

Site Review Observations:

- Reviewed investigative training certifications
- Reviewed agency training records documenting investigative training curriculums

Standard Subsections:

(A) Per policy (#8.60), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, conducting investigations in confinement settings. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training certifications provided additional documentation to support facility compliance.

(B) Per policy (#8.60), all investigators must receive specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. Among other classes, investigators participate in training which shall include, but not limited to, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In interviewing investigative staff, said staff confirmed participation in numerous related courses. Additionally, training curriculums and employee training certifications provided additional documentation to support facility compliance.

(C) The agency maintains documentation that agency investigators have completed the required specialized training related to sexual abuse investigations. A review of training certifications confirms that such documentation is maintained within agency files for all investigators currently utilized within the HRYCI.

(D) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to ensure that persons investigating allegations of sexual abuse and sexual harassment have been sufficiently trained in related procedural and due process requirements necessary for both administrative prison hearings and for federal or state judiciary proceedings. The DDOC investigative staff are required to attend both general PREA training, as well as PREA trainings specific to conducting investigations of sexual victimization in a confinement setting. HRYCI investigative staff affirmed receipt of sufficient training necessary to confidently conduct sexual abuse investigations in a confinement setting. Documentation verified that HRYCI staff have received specialized training in excess of the generalized training provided to all staff. Investigative staff from Delaware State Police assigned to the HRYCI have also received training regarding investigating

sexual abuse in a confinement setting. As such, the HRYCI meets the basic requirements of this standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (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 or the agency does not employ medical staff.) Yes No NA

115.35 (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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- HRYCI Centurion Mental Health PREA Training Roster
- HRYCI Centurion Medical Staff PREA Training Roster
- HRYCI R2R Staff PREA, 4-29-22

Interviews:

- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Administrative (Human Resources Staff)
- Medical/Mental Health Staff
- SANE/SAFE Hospital Staff

Site Review Observations:

- Review of facility training records

Standard Subsections:

(A) The HRYCI provides medical and mental health services to incarcerated persons assigned to its facility. Policy (#8.60) requires that in addition to the generalized training provided to all staff, all full and part-time medical and mental health staff and contractors shall receive specialized training to include, but not be limited to: how to detect and assess signs of sexual misconduct; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual misconduct; and how and to whom to report allegations or suspicions of sexual misconduct. Interviews with Human Resource staff, HRYCI medical/mental health staff, as well as with the Hospital SAFE/SANE staff who perform forensic medical services for the HRYCI, all confirm that staff have received trainings as required. A review of agency training records documents staff participation in initial and/or continuing training requirements.

(B) In accordance agency policy, and verified through interviews with HRYCI medical/mental health staff, medical staff at HRYCI do not conduct forensic medical examinations. Rather, as confirmed by the local hospital's SAFE/SANE staff, inmates are transported to a nearby public medical facility, Christiana Hospital, for such services.

(C) A review of training records reflects that 100% of current Medical and Mental Health staff assigned to the HRYCI have received specialized training appropriate for their professional roles.

(D) As well, dependent on their professional role, a review of training records reflects that medical and mental health staff have also received the generalize PREA training provided to all other vendors, volunteers, and contractors working within a correctional setting.

Reasoning & Findings Statement:

This standard works to ensure that medical and mental health staff have received specialized training in medical and mental health services provided to victims of sexual abuse and sexual harassment. The DDOC has policies in place to ensure all HRYCI medical and mental health staff are furnished this training. HRYCI medical and mental health administration confirmed that staff have received all required and continuing education classes specific to their professional role as it applies to medical and mental health services administered when assisting victims of sexual abuse and sexual harassment. Documentation of agency training verified that said staff do receive specialized training in excess of the generalized training provided to all staff. Also, the hospital SAFE/SANE staff confirmed that all persons conducting forensic medical exams are properly certified to perform said exams. As such, the HRYCI meets the requirements of this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate 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 inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective

determination based on the screener's perception whether the inmate 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 inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that inmates 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

115.41 (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 inmate's detriment by staff or other inmates? 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC Sexual Victimization/Aggression Screening Guide

Interviews:

- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Intake Staff
- Medical and Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Inmates
- Limited English Proficient Inmates
- Random Inmates

Site Review Observations:

- Observed PREA screening process
- Reviewed five inmate files for screening assessments

Standard Subsections:

(A) Policy #8.60 requires that all inmates be assessed for risk of sexual victimization or abusiveness upon arrival of intake and upon transfer to another institution. The HRYCI Intake and Medical staff affirm the facility's adherence to agency policy. Specifically, all inmates received into the facility are screened for sexual victimization and/or sexually abusive risk factors on the same day that inmates are received into the facility. The screening process was observed by the auditor.

(B) Policy (#8.60) requires that the screenings "should occur within 24 hours, but no longer than 72 hours after arrival." In speaking with HRYCI Intake and Medical staff, it was noted that said screenings take place immediately upon each inmate's arrival to the facility. Per the HRYCI PREA Compliance Manager, in accordance to agency policy, of the 3,392 inmates entering the facility (either through intake or transfer) within the past 12 months, 100% were subsequently provided risk screening assessments for their risk of being sexually victimized or for being a sexual abuser within 72 hours of their entry into the facility.

(C) The PREA screening assessment (both the Quick Screen and the 21-Day/Periodic Screen found in DACS) is conducted using an objective screening instrument. A review of the twenty and thirty-two survey questions (respectively) provided to inmates does not present with either an implicit bias or leading statements. The PREA assessment process does not contain value statements, bias language, or implied negative consequences for affirmative answers to any of the questions asked. Rather, it is a strictly utilitarian form that was administered in a nonjudgmental manner during the intake screenings that were observed by the auditor. At intake, to determine an inmate's risk of sexual victimization, an inmate is asked thirteen questions. To determine an inmate's risk of sexual abusiveness, he is asked another seven questions. At the 21-Day Assessment, to determine an inmate's risk of sexual victimization, an inmate is asked thirteen questions. To determine an inmate's risk of sexual abusiveness, he is asked another nine questions.

(D) The PREA Assessment Process does consider, at a minimum, if the inmate has a mental, physical, or developmental disability. It considers the age of the inmate, the inmate's physical build, whether the inmate has previously been incarcerated, whether the inmate's criminal history is exclusively nonviolent, whether the inmate has prior convictions for sex offenses against an adult or child, whether the inmate has previously experienced sexual victimization, the inmate's own perception of vulnerability, and whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Inmates are explicitly asked if they are gay, lesbian, bisexual, transgender, intersex, or gender nonconforming/gender nonbinary. Inmates are then asked if others perceive them as the same. The risk screener is allowed to enter his/her subjective perception of the inmate's gender expression, as well as any additional information regarding the inmate's sexual safety. During inmate interviews, the overwhelming majority of inmates stated that they had, in fact, been asked the aforementioned questions upon their receipt into the HRYCI. Of these, a significant number of inmates interviewed also affirmed that staff later asked them the same, or similar questions related to their sexual safety.

(E) In assessing inmates for their risk of being sexually abusive, the PREA assessment form does consider prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior

institutional violence or sexual abuse. Along with observing a risk screening demonstration, the auditor also reviewed several PREA assessment forms completed within the auditing time frame. All forms were filled out in their entirety, with inmates having generally provided relevant answers to each of the questions asked. It should further be noted that the Intake and Medical staff both confirmed that inmates may refuse to answer any question on the survey or may refuse participation in the entire survey without the threat of negative consequences.

(F) Policy #8.60 requires that “within 30 days of the inmate’s arrival at the facility, the inmate will be reassessed using the Department’s more detailed Sexual Victimization/Abusiveness screening tool.” Within the audit time frame, 100% of the 1,807 inmates with a length of stay in the facility for 30 days or more, were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival to the HRYCI. In speaking with HRYCI PREA Compliance Manager, adherence to this policy was confirmed. Additionally, a review of documentation specific to said assessments confirmed both initial and subsequent assessments were provided within the required time frames.

(G) Policy (#8.60) allows that employees may make a mental health referral based on their observations of the inmate’s behavior or at the inmate’s request, which include referrals based on concerns the inmate has been or is at high risk of being subject to sexual misconduct.” Both the HRYCI PREA Compliance Manager and staff who perform screening for risk of victimization and abusiveness confirm reassessments are conducted as required. As well, in discussing reassessment processes with inmates, several inmates stated that after having brought concerns for their safety to the attention of security personnel, they were subsequently interviewed by the HRYCI PREA Compliance Manager regarding these concerns. Ultimately, the majority of these inmates believed that HRYCI staff did address their needs in a timely manner. As such, all of these inmates currently felt safe at the institution. Additionally, it should be noted that agency policy (#8.60) exceeds the standard requirements in requiring continued assessments to be performed at two-year intervals.

(H) Policy (#8.60) expressly prohibits disciplinary sanctions against any inmate who refuses to answer or fails to provide complete and/or accurate answers to any of the questions noted on the PREA Assessment Form. When interviewed, Intake, Medical, and the PREA Compliance Manager affirmed that disciplinary sanctions were not imposed against inmates for refusing or failing to answer any of the questions on the PREA Assessment Form. As well, inmate interviews confirmed that said population was aware of their right not to answer related questions.

(I) Policy (#8.60) requires that PREA screenings are confidential in nature. Policy further requires, as well as reinforced by the electronic credential requirements necessary to gain access to PREA assessment forms, that facility staff must restrict the spread of information obtained as a function of PREA assessment forms to only those designated staff members with an operational need for said information in order to inform classification, housing and work assignments, programmatic and non-programmatic activities, or other relevant institutional activities. The PREA Compliance Manager, Unit Managers, and other operative staff associated with PREA assessment forms affirmed the information obtained by way of said document was considered restricted, and as such, was not distributed to unauthorized staff. Lastly, the auditor observed that completed PREA assessment forms did require authorized credentials in order to access said documents within the DDOC electronic data base (DACS).

Reasoning & Findings Statement:

This standard works to ensure inmates are properly screened for their risks of sexual victimization and abusiveness. Agency policy provides for objective PREA assessment forms, which are administered and scored at the facility level as a simple fact assessment. Inmates are reassessed as required by

policy, to include if new information is discovered by facility staff that might warrant changes in inmates' risk status. Additionally, DDOC policy exceeds the standard requirements by mandating that all inmates are reassessed every two years with or without cause. Interviews with facility screening staff, as well as with inmates, confirm that the proper screening tool is being utilized at the HRYCI. As well, the information gleaned from this form is appropriately used to inform classification, housing, work, and other facility-based activities. Staff charged with administering PREA assessment forms affirm the restricted nature of the information and their adherence to the facility's limited distribution list. As such, the HRYCI has satisfied the requirements of this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates 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 inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate'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

115.42 (f)

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

115.42 (g)

- 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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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 inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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 inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC Policy #8.60A, Transgender Inmates, 10-19-16
- DDOC Policy #E-14, Treatment of Transgender Persons, 10-20-21
- DDOC Policy #3.3, Classification, 2-19-18
- HRYCI PREA Screening Packet, 3-8-22
- HRYCI PSA-PSV Housing Notification, 5-3-22

Interviews:

- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Intermediate or Higher-Level Facility Staff
- Intake Staff
- Medical and Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Inmates Who Identify as Lesbian, Gay, Bisexual, Transgender, or Intersex
- Disabled Inmates
- Limited English Proficient Inmates

Site Review Observations:

- Observed PREA screening process
- Reviewed five inmate files
- Observed inmate housing and work assignments

Standard Subsections:

(A) Policy (#3.3) requires that the agency use information from the PREA Sexual Aggressor and Sexual Victimization Assessment Form to help separate inmates with a high risk of being sexually victimized from those inmates with a high risk of being sexually abusive. As such, the information gleaned from the PREA Sexual Aggressor and Sexual Victimization Assessment Form is used to inform inmate housing, bed, work, education, and program assignments. In speaking with Intake, Classification, and Medical staff, as well as with the PREA Compliance Manager, once an inmate is deemed as a possible high risk for sexual victimization, staff will ensure that the inmate at risk is not housed in a vulnerable location with respect to other inmates who are assessed at a high risk to sexually abuse other inmates. Facility documentation reflects this is an institutionalized process.

(B) Policy (#8.60) requires that the facility makes individualized determinations about how to ensure the safety of each inmate. In speaking with the PREA Coordinator, the HRYCI PREA Compliance Manager, and the HRYCI Warden, staff affirmed that the concerns for every inmate are reviewed on an individual basis. In speaking with inmates currently assigned to the HRYCI, most stated that their own opinions regarding their personal safety are considered by HRYCI staff when providing housing or job assignments. Most inmates further stated that if their concerns for their own safety changed, they believed HRYCI staff would take their concerns seriously.

(C) In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, agency policy (#8.60, #E-14) requires that administrators consider, on a case-by-case basis, whether such a placement would ensure the inmate's health and safety and whether such a placement would present management or security problems. In deciding whether to assign a transgender or intersex inmate to a specific housing or program assignment, agency policy (#8.60, #E-14) dictates that administrators consider, on a case-by-case basis, whether such a placement would ensure the inmate's health and safety and whether such a placement would present management or security problems. In speaking with the agency PREA Coordinator, the HRYCI PREA Compliance Manager, and the HRYCI Warden, staff affirmed that an inmate's genital status is not the sole determining factor in placing transgender or intersex inmates in male or female facilities, or in placing said inmates within specific housing or program assignments within a facility.

(D) Agency policy (#8.60, #E-14) requires that the placement and programming assignments of transgender or intersex inmates are reviewed at least every six months to examine any possible safety concerns expressed by the inmate. When interviewed, HRYCI Unit Management staff did affirm the facility's compliance with this policy. As well, along with routine informal safety checks by the HRYCI PREA Compliance Manager and housing staff, all transgender inmates confirmed that their living, work, and other environmental concerns for their sexual safety were formally reviewed every six months.

(E) Agency policy (#8.60, #E-14) requires that upon the routine review of the placement and programming assignments of transgender or intersex inmates, the transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. When interviewed, HRYCI staff and the HRYCI PREA Compliance Manager affirmed that the facility strictly adheres to this policy. Additionally, during both random and targeted interviews with inmates, most stated that they believed HRYCI staff would consider their own views with respect to their own safety.

(F) Policy (#E-14) allows for transgender and intersex inmates to be given the opportunity to shower separately from other inmates. In speaking with HRYCI random staff, the existence of alternative shower times for transgender and intersex inmates was affirmed. Specifically, HRYCI correctional staff stated that upon notification from a transgender inmate, staff would then allow said inmate access to the shower area either at the beginning or the end of their recreation times, when the

showers are otherwise closed to all inmates. This would be done to ensure transgender inmates are provided privacy in showering. In interviewing transgender inmates, all such inmates were aware of their right to shower separately from the general inmate population. Neither transgender inmate assigned to HRYCI stated that they had any safety concerns in showering at the facility.

(G) There aren't any correctional facilities within the DDOC subject to consent decrees, legal settlements, or legal judgments requiring any facility to be established as a dedicated facility or housing unit for lesbian, gay, bisexual, transgender, or intersex inmates. As such, policy (#8.60) expressly states that LGBTI inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification. In speaking with the PREA Coordinator, the HRYCI PREA Compliance Manager, and the HRYCI Warden, said staff adamantly affirm that inmates who identify as transgender or intersex are not placed in a facility, or within a housing assignment, based solely on their sexual or gender identity. During interviews of transgender, gay, and bisexual inmates, none stated that they had ever been housed in a facility, or in a specific housing unit within the HRYCI, based solely on their gender identity or sexual orientation. As well, of the random staff interviewed, all such staff affirmed that the HRYCI does not house transgender, intersex, gay, or bisexual inmates in any specific areas based solely on their gender identity or sexual orientation.

Reasoning & Findings Statement:

This standard works to ensure the adequate use of screening information to promote and protect inmates who may be at high risk of being sexually victimized. The DDOC has numerous policies in place to ensure the most effective and secure use of the PREA Sexual Aggressor and Sexual Victimization Assessment Form. Inmates deemed to be at high risk are routinely monitored by the PREA Compliance Manager, as well as unit staff, to ensure their sexual safety. Agency policies require staff to make individualized determinations on a case-by-case basis regarding inmate safety. Interviews with the agency PREA Coordinator and the HRYCI PREA Compliance Manager reflect that facility staff have discretion in managing the safety of individual inmates. The HRYCI PREA Compliance Manager, as well as all other HRYCI staff, affirm their adherence to agency policies and also confirm that the inmate's own views regarding her safety are given serious consideration specific to facility operations. Staff affirm that transgender and intersex inmates are permitted alternative shower times to the general population. Additionally, transgender inmates are reviewed every six months specific to their placement and programming assignments. As such, agency policy meets, and HRYCI adheres to, the requirements of this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15

Interviews:

- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Staff Who Supervise Inmates in Segregated Housing
- Random Inmate Interviews
- Targeted Inmate Interviews

Site Review Observations:

- Observed Segregated Housing Unit

Standard Subsections:

(A) Policy (#8.60) mandates that agency staff shall refrain from placing inmates at high risk for sexual victimization in "involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers." In speaking with the HRYCI PREA Compliance Manager and HRYCI Warden, staff confirm that there have not been any inmates placed in the involuntary segregated housing during the audit time frame. As well, inmate interviews did not suggest that HRYCI utilizes any form of restrictive housing as a primary means of separation for investigatory purposes. As such, there wasn't any relevant documentation to review.

(B) In speaking with the HRYCI PREA Compliance Manager and HRYCI Warden, it was noted that the HRYCI has not placed any inmate into involuntary segregated housing for fear of sexual abuse. However, it was further noted that should such an incident ever arise, all efforts would be made to restrict the inmate's access to programs, privileges, education, and work opportunities only to the least extent possible. Specifically, efforts should be made to ensure these inmates receive similar access to programmatic activities, privileges, educational activities, and work opportunities as inmates assigned to the general population. If the facility were to restrict access to programs, privileges, education, or work opportunities, the facility would properly document this restriction. As a function of this documentation, staff would further document the opportunities that have been limited, the duration of the limit, and the reasons for said limitation.

(C) Policy (#8.60) mandates that the placement of inmates in involuntary segregation for high risk of sexual victimization shall only be used until an alternative means of separation from likely abusers can be arranged, but "shall not ordinarily exceed 30 days." In speaking with the HRYCI PREA Compliance Manager and the HRYCI Warden, staff confirmed that there have not been any inmates placed in the involuntary segregation for risk of sexual safety during the audit time frame. As such, there wasn't any relevant documentation to review.

(D) Policy (#8.60) requires that upon placement of an inmate into involuntary segregation, the facility must clearly document the basis of the facility's concern for the inmate's safety. Additionally, the facility must document whether a determination has been made that there is no available alternative means of separation from the likely abusers, including documentation of what alternatives were considered and assessed to be unavailable. In speaking with the HRYCI PREA Compliance Manager and the HRYCI Warden, staff confirmed that there have not been any inmates placed involuntary segregation for risk of sexual safety during the audit time frame. As such, there wasn't any relevant documentation to review.

(E) Policy (#8.60) requires that an inmate placed in involuntary segregation due to being a high risk of sexual victimization shall have this status reviewed at least every 30 days thereafter. In speaking with the HRYCI PREA Compliance Manager and the HRYCI Warden, staff confirmed both their knowledge of this policy and the fact that there have not been any inmates placed in involuntary segregation for risk of sexual safety during the audit time frame. As such, there wasn't any relevant documentation to review.

Reasoning & Findings Statement:

This standard works to ensure that the use of involuntary protective custody is not a de facto management solution for inmate safety concerns. Agency policy explicitly mandates that staff refrain from placing inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and there are no other available means of separation from likely abusers. In speaking with the HRYCI PREA Compliance Manager and the HRYCI Warden, staff confirmed that there have not been any inmates placed in involuntary segregation for risk of sexual safety during the audit time frame. As such, there wasn't any relevant documentation to review. Correctional staff routinely assigned to work within Segregated Housing were interviewed. While these staff confirmed that inmates assigned to involuntary segregation for high risk of sexual victimization would be afforded similar activities as inmates within general population, to the best of their knowledge, there have not been any such inmates assigned to said housing within the audit time frame. As such, the HRYCI has satisfied all component parts of this standard and found to have met its provisions.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC Prison Rape Elimination Act Handbook for Offenders, English, December 2018
- DDOC Prison Rape Elimination Act Handbook for Offenders, Spanish, December 2018
- PREA Informational Poster, English
- PREA Informational Poster, Spanish
- PREA Third Party Report Flyer, English
- PREA Third Party Report Flyer, Spanish
- Memorandum of Understand, DDOC & Contact Lifeline, 4-15-21
- HRYCI Incident Report, 1-24-22
- PREA and Related Topics Training, FY22

Interviews:

- Agency Head
- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Random Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening
- Inmates Who Reported Sexual Abuse
- Random Inmates

Site Review Observations:

- Reviewed documentation related to inmate reports of sexual abuse and sexual harassment.
- Observed PREA Risk Screening assessments
- Observed informational posters throughout the facility advising inmates of various reporting mechanisms for allegations of sexual abuse and sexual harassment

- Observed numerous PREA educational and reporting references available for inmate use within the facility Law Library, as well as on community tablets

Standard Subsections:

(A) The agency provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, as well as neglect or violations of staff responsibilities that may have contributed to such incidents. Additionally, the agency provides numerous avenues by which inmates may report any subsequent retaliatory measures experienced by inmates as a result of having reported said abuse. Upon receipt onto the facility, all inmates are provided a PREA risk screening, via the PREA Sexual Aggressor and Sexual Victimization Assessment Form, and advised of their right to be free of sexual abuse and sexual harassment under the PREA standards. Inmates are subsequently given a more comprehensive inmate orientation within thirty days of their receipt into the facility. This orientation includes detailed training on the DDOC PREA program. This training includes information on, and contact information for, internal and external reporting agencies. Inmates are also provided with an DDOC Inmate Orientation Handbook, which contains contact information for internal and external reporting agencies and victim services organizations. The HRYCI publishes its own facility handbook, which contains additional reporting information. Reports can be made in-person, verbally over the phone, in writing (electronically and in print), third party, as well as anonymously. In interviewing staff, all employees were aware of an inmate's right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. In interviewing inmates, all inmates were equally aware of their right to report allegations of sexual abuse and sexual harassment and to be free from measures of retaliation for having reported said abuse. During random and targeted interviews, all inmates were able to articulate at least one manner by which a report could be made.

(B) As noted in policy (#8.60), the facility also provides multiple avenues and contact information for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Inmates are provided the contact information to the Statewide PREA Coordinator, phone numbers to the PREA Hotline, which is an outside agency hot line (Contact Lifeline), as well as to Internal Affairs, with calls to both of these agencies being confidential and without cost to the inmate. Inmates are provided information on reporting incidents directly to facility staff, such as the facility institutional investigator, warden, or grievance coordinator. As the DDOC does detain inmates solely for civil immigration purposes, a list of all diplomatic consulars, as well as their contact information, is available to all inmates via the Law Library.

(C) Per policy (#8.60), staff will accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. All employees interviewed stated that they would act on any report of sexual abuse or sexual harassment regardless of the manner by which they became of that information. In doing so, many staff stated that they would document all such reports as soon as possible following the allegations being presented to them. All inmates interviewed affirmed their right to make either verbal or written reports of sexual abuse and sexual harassment. Most inmates were also aware that they could make reports of sexual abuse and sexual harassment via third party or anonymously. The overwhelming majority of inmates interviewed stated that they believed HRYCI staff would take any complaint of sexual safety seriously and act accordingly to address their concerns.

(D) Per policy (#8.60), staff have an affirmative duty to report any knowledge, suspicion, or information they may have regarding sexual abuse, sexual harassment, or retaliation against inmates or staff for having reported such abuse. Nonetheless, staff may still privately report sexual misconduct by completing an Incident Report, marking it as confidential, and submitting it directly to the Institutional

PREA Compliance Manager or Agency PREA Coordinator. When asked, staff were generally aware that they could make anonymous reports of inmate sexual abuse and sexual harassment.

Reasoning & Findings Statement:

This standard works to ensure inmates, staff, and outside agents have the ability to report all instances of sexual abuse and sexual harassment against inmates. The agency does have multiple avenues by which inmates may make formal reports, to include verbal, written, anonymous, and third-party reports. Inmates are provided detailed instructions, contact persons, phone numbers, e-mail addresses, and physical addresses for correspondence where incidents or suspicions of sexual abuse, sexual harassment, and retaliation may be reported. In interviewing correctional staff, all such persons were aware that inmates could report allegations of sexual abuse and sexual harassment verbally, in writing, anonymously, and through a third party. When receiving verbal reports of sexual abuse and sexual harassment, all staff recognized the need to take immediate action to protect the inmate in question and the need to document the verbal complaint as soon as possible. In speaking with inmates, all persons were aware of their right to be free from sexual abuse and sexual harassment, as well as their right not to suffer retaliation for having reported such abuse. All inmates understood their right to make verbal and written complaints. The majority of inmates understood their right to make anonymous and third-party complaints. As such, it is evident that the HRYCI meets all aspects of this this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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

115.52 (b)

- Does the agency permit inmates 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 an inmate 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

115.52 (c)

- Does the agency ensure that: An inmate 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

115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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 inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate 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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates 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 inmates? (If a third-party files such a request on behalf of an inmate, 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 inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate 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 an inmate 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 inmate 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

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate 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

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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC Policy #4.4, Inmate Grievance Policy, 6-23-17

Interviews:

- HRYCI Facility Warden
- HRYCI PREA Compliance Manager

- Investigative Staff
- Random Inmates
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Reviewed inmate complaints received by Institution Investigator

Standard Subsections:

(A) The DDOC has administrative procedures to address inmate grievances regarding sexual abuse.

(B) Policy (#8.60) permits inmates to submit grievances regarding allegations of sexual abuse and sexual harassment. However, once submitted, the grievance is removed from the normal grievance processing procedures and will be treated as a critical incident. There is no time limit assigned to such grievances. As well, “the agency shall not require an inmate to use any informal resolution process, or to otherwise attempt to resolve with the identified staff member, an alleged incident of sexual abuse” (#8.60).

(C) In accordance to Policy #8.60, “the agency shall not require an inmate to use any informal resolution process, or to otherwise attempt to resolve with the identified staff member, an alleged incident of sexual abuse.” As well, any “such investigation will not be referred to the staff member who is the subject of the complaint.”

(D) Policy (#8.60) requires that a final decision on all allegations of sexual abuse shall be issued by the institutional investigator within ninety (90) calendar days of the initial filing. If ninety (90) calendar days is not sufficient to make an appropriate decision, the institutional investigator may extend the decision up to seventy (70) calendar days. The inmate shall be notified in writing of such extension.

(E) Policy (#8.60) allows a third party to file a “complaint on behalf of an inmate. The facility may require, as a condition of processing the complaint that the alleged victim agree to have the complaint filed on his or her behalf.” Per the PREA Compliance Manager, if an inmate did not wish to pursue a grievance filed on her behalf, that refusal would be documented.

(F) Policy (#8.60) requires that “any allegation of sexual abuse, or sexual harassment, made via the Department’s inmate grievance system, shall immediately be investigated as a report of sexual abuse. A copy of the grievance report will be provided to the shift commander, who will ensure the complaint is assigned to a PREA investigator.” Policy (#8.60) further requires that once received, investigations into grievances involving allegations of sexual abuse “will continue without delay until the report is determined to be substantiated, unsubstantiated, or unfounded. The facility will inform the inmate, within 24 hours of filing the complaint, if an emergency transfer or other emergent accommodation will be provided.” Policy #8.60 then requires that for all allegations of sexual abuse, immediate corrective action may be taken to include an initial response with 48 hours. Following this, HRYCI shall issue a final decision within 5 calendar days.

(G) Policy (#8.60) does require that “for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.” Policy #8.60 further notes that HRYCI may discipline an inmate

in accordance with DDOC Policy 4.2, Rules of Conduct, for filing a grievance related to alleged sexual abuse only where it is demonstrated that the inmate filed the grievance in bad faith.

Reasoning & Findings Statement:

This standard works to ensure inmate access to courts by way of exhausting administrative remedies specific to allegations of sexual abuse and sexual harassment. Within the audit time frame, the HRYCI received one grievance alleging sexual abuse. Policy (#8.60) permits inmates to submit grievances alleging sexual abuse and sexual harassment. However, upon receipt, the grievance is automatically considered a PREA allegation and thus removed from the grievance timeline and processing requirements. For litigation purposes; namely, the Prison Litigation Reform Act, any documented complaint made by or confirmed by the inmate serves to exhaust administrative remedies. That said, the agency still investigates the allegations; it simply does so using a different mechanism. In this, the Inmate Grievance Coordinator will forward the allegations of sexual abuse or sexual harassment to the shift commander, who will subsequently ensure its assignment to a PREA investigator. The investigator, in coordination with unit administration, then processes the allegations as a formal sexual abuse or sexual harassment complaint. Nonetheless, as the proper submission of an inmate complaint alleging sexual abuse and sexual harassment constitutes exhaustion of administrative remedies, the HRYCI meets the provisions of this standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates 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 provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, 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

115.53 (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 inmates 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

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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- PREA Handbook for Offenders, English, December 2018
- PREA Resource Pamphlet, English
- PREA Resource Pamphlet, Spanish
- United States Department of State Diplomatic List, Fall 2020
- PREA State Rape Crisis Center Hotline Poster, English
- PREA State Rape Crisis Center Hotline Poster, Spanish
- Memorandum of Understanding, DDOC & Contact Lifeline, 4-15-21
- Memorandum of Understanding, DDOC & Sexual Assault Response Center (SARC), 11-2-21

Interviews:

- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Medical and Mental Health Staff
- SANE/SAFE Hospital Staff
- Random Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening

- Inmates Who Reported Sexual Abuse
- Random Inmates

Site Review Observations:

- Reviewed initial PREA risk screening assessment and distributed information upon HRYCI reception
- Observed informational posters throughout the facility advising inmates of various reporting mechanisms for allegations of sexual abuse and sexual harassment
- Observed numerous PREA educational and reporting references available for inmate use within the facility Law Library
- Observed inmate general visitation and legal visit area informational posters
- Observed visitation area designated for members of an approved victim advocate service
- Observed Mailroom practices specific to correspondence between victim advocate services and inmates

Standard Subsections:

(A) Policy (#8.60) requires that HRYCI shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including too-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for person detained solely for civil immigration purposes, immigrant services agencies. Both the DDOC and the HRYCI Inmate Orientation Handbook provide contact information for reporting sexual abuse and sexual harassment. Via institutional awareness posters, inmates are also provided the physical address to write for confidential emotional support services. As well, the Law Library contains a listing of Contact Information for Rape Crisis Programs in Delaware, as well as national program platforms. Additionally, foreign nationals are given access to a copy of the United States Department of State Diplomatic List. Policy (#8.60) also allows that communication between inmates and advocates within these rape crisis centers is as confidential as possible; however, inmates are notified that while the calls themselves are not monitored, it is possible that other inmates or staff may overhear other inmates during their phone conversations. Outgoing mail to rape crisis centers is not restricted or monitored to an extent greater than any other outgoing general correspondence. When interviewed, all inmates knew that the agency provided free rape crisis support services to inmates. Additionally, all inmates were aware of at least one means by which they could contact rape crisis support services, with most inmates knowing that they could access those services by way of the information provided via the PREA posters located throughout the facility.

(B) Per policy (#8.60) inmates are notified that calls to the PREA hotline number are not monitored. However, they are further informed that that while the calls themselves are not monitored, it is possible that other inmates or staff may overhear other inmates during their phone conversations.

(C) The DDOC has negotiated a contract between itself and Sexual Assault Response Center and Contact Lifeline to help provide rape crisis support services as requested by inmates assigned to the HRYCI. The HRYCI does maintain, and did supply, contracts for review. During the on-site review, the auditor did test the Contact Lifeline to ensure its functionality. As well, the auditor also tested the online reporting option via the DDOC agency website. Both avenues appropriately responded to the test submissions and proved to be meaningful reporting options.

Reasoning & Findings Statement:

This policy works to ensure that inmates assigned to the HRYCI have access to outside confidential rape crisis support services and that access is provided in the most confidential manner as possible. Inmates assigned to the HRYCI are provided with contact information for national and/or state-based rape crisis support centers. Inmates are advised that calls to rape crisis centers are not subject to monitoring. The HRYCI has exceeded the standard by securing a memorandum of understanding with two rape crisis support services; namely Contact Lifeline and the Sexual Assault Response Center (SARC). When interviewed, all employees and inmates knew that the agency provided free emotional support services to inmates upon request. As well, most inmates knew that they could initiate access to those services by contacting the rape crisis centers using the information posted on the PREA awareness posters predominately displayed throughout the facility, as well as the information postings provided via the DDOC and HRYCI Inmate Handbooks. As such, the HRYCI has exceeded the minimum standards of this provision.

Standard 115.54: Third-party reporting

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

115.54 (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 an inmate? 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC Screenshot of Agency Website for Reporting Information

- HRYCI PREA Informational Posters, English, Lobby and Visitation Area
- HRYCI PREA Informational Posters, Spanish, Lobby and Visitation Area
- DDOC Prison Rape Elimination Act Handbook for Inmates, English, December 2018
- DDOC Prison Rape Elimination Act Handbook for Inmates, Spanish, December 2018

Interviews:

- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Investigative Staff
- External Reporting Entities
- Random Inmates

Site Review Observations:

- Review DDOC website specific to PREA and third-party reporting methods
- Tested DDOC online third-party reporting system
- Tested HRYCI facility based PREA Hotline
- Observed the Inmate Visitation Area informational posters
- Observed informational postings and other publications throughout the inmate housing areas
- Observed PREA reporting information within the Law Library

Standard Subsections:

(A) Policy (#8.60) allows for the use of third-party reporting on allegations of sexual abuse and sexual harassment. During the on-site review, signage throughout the facility encouraged inmates to third-party report if needed. As well, public notices on PREA reporting, specifically third-party reporting, were available for review by inmate family and friends via the facility's Inmate Visitation Room. Additionally, public notice on third party PREA reporting is available to the general public on the agency's website. To verify the online third-party system was operational, the auditor submitted a test email to the agency's online reporting address. A response was received back from the agency within one business day. To verify the facility-based PREA hotline was operational, the auditor placed a test call using the Spanish option. A live operator immediately answered the call and provided information relevant to the reporting system. All facility staff interviewed confirmed that the HRYCI would accept third-party reports of sexual abuse. As well, most inmates interviewed believed that the facility would accept, and take seriously, any allegations of sexual abuse reported by a third party.

Reasoning & Findings Statement:

This standard works to ensure that at least one publicly available third-party reporting mechanism exists for claims of sexual abuse and sexual harassment being inflicted upon inmates. The facility has exceeded this standard by providing multiple avenues for third-party reporting. In accordance to policy (#8.60), the HRYCI promotes the use of third-party reporting via informational posters spread out across the facility, to include the Inmate Visitation Area. Electronic contact information is freely distributed on the agency's website in order to allow the general public direct access to reporting information. To ensure the functionality of the DDOC site, all electronic links were tested and found to be operating as required. To ensure the functionality of the DDOC online third-party reporting system, a test submission was successfully sent. As well, PREA informational posters and the inmate PREA training video also provide inmates with a plethora of agency telephone numbers, physical addresses,

and electronic contact methods. While inmates themselves should not be able to access Internet resources, they can communicate this reference information to their family, friends, and personal advocates. Inmates themselves are provided numerous state and advocacy addresses to submit third-party correspondence and direct contact via a telephone reporting system; namely, the HRYCI provides a facility-based PREA hotline to allow inmates direct access to third-party reporting. To ensure the functionality of this system, a test call was successfully placed using the Spanish option. As well, inmates may also make a third-party party complaint via any staff member or other PREA reporting mechanisms. When interviewed, all staff were aware that the facility would accept and investigate third-party complaints of sexual abuse and sexual harassment from inmate advocates. The majority of inmates were also aware of their right to file a third-party complaint on behalf of another inmate. As the concept of third-party reporting is clearly institutionalized across staff and inmate cultures, the HRYCI clearly exceeds the provisions of this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (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 inmates 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

115.61 (b)

- Apart from reporting to designated supervisors or officials, does 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

115.61 (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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (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

115.61 (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*)
- 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15

Interviews:

- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Investigative Staff
- Medical/Mental Health Staff
- Random Staff
- Random Inmates

Site Review Observations:

- Employee training records

Standard Subsections:

(A) Policy (#8.60) mandates that all employees must immediately report all knowledge, suspicion, or information of any sexual misconduct that occurred within the correctional institution. As well, staff have an affirmative duty to report all knowledge, suspicion, or information regarding retaliation against inmates or staff for having reported an incident of sexual abuse and sexual harassment. Staff also have an affirmative duty to report any negligence or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. A review of employee training records, as well as training curriculum records, reflects that all HRYCI staff had received initial PREA training, including acknowledgment of their affirmative duty responsibilities. When interviewed, all staff confirmed their obligation to immediately report any information they might have regarding allegations of sexual abuse and sexual harassment.

(B) Policy (#8.60) notifies all staff that “apart from reporting to designated supervisors at the facility, staff shall not reveal any information related to a report of sexual abuse other than to the extent necessary to investigate the incident, treat the victim, and safely house the victim and aggressor.” As such, employees are cautioned to share reported information only with authorized staff. Random staff interviews confirm that facility employees are aware of the sensitive and confidential nature of said complaints. In speaking with the HRYCI PREA Compliance Manager, the totality and reasoning surrounding the confidential investigatory process was explained.

(C) Policy (#8.60) requires that medical and mental health practitioners have a duty to disclose their mandatory reporting status, including limitations of confidentiality. During medical/mental health services staff interviews, the need for medical and mental health staff to inform inmates (at the initiation of professional services) of their duty to report, as well as to their limitations of confidentiality, was affirmed.

(D) All inmates incarcerated within the HRYCI are legally classified as adults. However, per policy (#8.60), it is noted that “for inmates 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.”

(E) Policy (#8.60) mandates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are referred to the HRYCI Institutional Investigator for processing. When interviewing random facility staff, all employees affirmatively responded that any reports of sexual abuse and sexual harassment received by them would be immediately referred to supervisory and/or other entities appropriate for further investigations.

Reasoning & Findings Statement:

This standard works to ensure mandatory staff and agency reporting requirements. In this, agency policy mandates staffs' duty to report all allegations of sexual abuse and sexual harassment. Policy further stresses the importance of confidentiality as it applies to reported incidents of sexual abuse and sexual harassment. Lastly, policy requires that all medical and mental health staff disclose their limits of confidentiality and obtain informed consent prior to the initiation of services. In interviewing correctional staff, both uniformed and non-uniformed, all employees expressed an understanding of policy. Training records and course curriculums document correctional staff training specific to mandatory reporting requirements. In interviewing HRYCI medical/mental health staff, the process of limited confidential and informed consent used by said staff was explained in detail. As well, training records and course curriculums for the specialized training of medical staff document an understanding of mandatory reporting requirements. As such, the HRYCI meets the provisions established within this standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- HRYCI Transgender Evaluation Recommendation Form, 2-3-22
- HRYCI Transgender Evaluation Recommendation Form, 10-25-21
- HRYCI Infirmary Placement, 2-2-22
- HRYCI Infirmary Placement, 10-25-21

Interviews:

- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Investigative Staff
- Intake Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Medical and Mental Health Staff
- Random Staff
- Inmates Who Disclosed Sexual Victimization During Risk Screening

- Inmates Who Reported Sexual Abuse
- Random Inmates

Site Review Observations:

- Review of inmate protection procedures
- Review of retaliation monitoring procedures

Standard Subsections:

(A) Per policy (#8.60), when the HRYCI learns that an inmate is subject to a substantial risk of imminent sexual abuse, agency officials have an affirmative duty to take immediate action to protect the inmate, as well as “staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.” In speaking with the HRYCI PREA Compliance Manager, HRYCI Facility Warden, and random staff, a plethora of possible options were discussed specific to inmate protection measures. During the audit time frame, the HRYCI had two instances where inmates assigned to the facility were at a substantial risk of sexual abuse. In both instances, the facility took immediate action to ensure the safety of these inmates. In doing so, the inmates’ own views on their personal safety were given significant consideration.

Reasoning & Findings Statement:

This standard works to actualize the processes of inmate protection. Agency policy (#8.60) requires staff to take immediate action to ensure the safety of all inmates who are at a high risk of sexual victimization. During the audit time frame, the HRYCI received two reports from inmates who were at a substantial risk of sexual abuse. Immediate action was taken to ensure the safety of these inmates. In doing so, the inmates’ own views for their personal safety were given significant consideration. In interviewing random staff, all persons were asked specifically what actions would be taken if an inmate presented as a high risk for sexual victimization. Unequivocally, all staff responded that they would take immediate action to protect the potential victim. Additionally, supervisory staff were questioned as to their role in this potentially dangerous situation. While supervisory staff did provide a more technical and inclusive response, they too, were centrally focused on protecting the inmate. Hence, the HRYCI has clearly realized the provisions of this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- Upon receiving an allegation that an inmate 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

115.63 (b)

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

115.63 (c)

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

115.63 (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*)
- 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15

Interviews:

- Agency Head
- Agency PREA Coordinator
- HRYCI Facility Warden
- HRYCI PREA Compliance Manager

Site Review Observations:

- Review of facility-to-facility referral process

Standard Subsections:

(A) DDOC policy (#8.60) requires that when a facility receives notice regarding allegations of sexual abuse and sexual harassment occurring at another facility, the receiving facility must provide notice of these allegations to the head of the facility where the abuse allegedly occurred within 72 hours. A review of documents for the past twelve months reflects that there were no such referrals made by the HRYCI or to the HRYCI.

(B) Per DDOC policy (#8.60), written notice of the aforementioned allegations must be provided as soon as possible, but not more than 72 hours after learning of the allegations. The HRYCI Warden confirmed that all notices, if received, would be sent by the Warden's Office to the destination facility as soon as possible, usually within 24 hours, but certainly within 72 hours. As well, all notices received by the Warden's Office are required to be transmitted by the receiving facility within to the HRYCI within 72 hours of an inmate presenting allegations of sexual abuse and/or sexual harassment to agency staff. A review of documents for the past twelve months reflects that there were no such referrals made by the HRYCI or to the HRYCI.

(C) The HRYCI documents this notification through the use of an Incident Investigation Report in accordance to policy (#8.60).

(D) Upon receipt of said allegations, policy (#8.60) requires that the "Department shall conduct an administrative and/or criminal investigation for each allegation of sexual abuse."

Reasoning & Findings Statement:

This policy works to ensure agency staff are provided sufficient due process with respect to the timely notification of inmate allegations involving sexual abuse and sexual harassment. Within the last 12 months, the HRYCI has not received any incoming allegation of sexual abuse and sexual harassment from inmates who reported such at another DDOC location. Within the last 12 months, the HRYCI has not submitted any outgoing allegations of sexual harassment from inmates who reported said allegations once they were reassigned to the HRYCI. Nonetheless, facility staff were able to articulate agency procedures should such a report be received on the facility. Accordingly, agency policy, staff comments, and collaborative procedures all reflect that the HRYCI has satisfied the provisions of this standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate 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 an inmate 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 an inmate 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 an inmate 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

115.64 (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*)

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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC Sexual Abuse Response Plan
- DDOC Policy #F-06, Response to Sexual Abuse, 11-12-21

Interviews:

- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Investigative Staff
- Intermediate or Higher-Level Facility Staff
- Random Staff
- First Responders
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Review of employee training records
- Review of investigator narrative case files

Standard Subsections:

(A) Policy (#8.60) requires the first responding security staff member to immediately separate the alleged victim and abuser. After ensuring the safety of the victim, policy requires staff to preserve and protect the crime scene until evidence collection is possible. If the first responder learns that the victim has been sexually abused, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. Once the first responder learns that an inmate has been sexually abusive, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder should 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. In interviewing a HRYCI security first-responder, the actions taken were consistent with policy. Within the past twelve months, HRYCI has received two allegations from inmates who claim to have been victims of sexual abuse. In one of those reports, the within a time frame that still allowed for the collection of physical evidence. In this, the first responding security staff member did take appropriate steps to ensure the preservation of possible evidence as available.

(B) Policy (#8.60) requires that non-security first responders are required to request that the alleged victim not take actions that could destroy physical evidence and then notify security staff of the incident. Of the two reported allegations, none were received by non-security staff. Nonetheless, during interviews with all staff, the importance of preserving possible evidence and protecting the crime scene were stressed.

Reasoning & Findings Statement:

This standard works to determine whether facility staff understand their role when responding to inmate allegations of sexual abuse and sexual harassment. Of primary importance is separating and securing the alleged victim and abuser. Of this, all staff interviewed absolutely articulated that point. The majority of staff then articulated the need to preserve any evidence possibly remaining at the crime scene and on the alleged victim. A review of employee training records and class curriculums reflect staff have received required training specific to the preservation of evidence regarding allegations of sexual abuse and sexual harassment. The immediate notification to a security supervisor provides assurance that all subsequent critical steps will be followed. This information, combined with agency policy, staff interviews, and facility training documentation sufficiently supports the expectations required by this standard.

Standard 115.65: Coordinated response

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

115.65 (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

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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC Sexual Abuse Response Plan
- HRYCI Policy #8.60-115.65, Coordinated Response, 7-7-16

Interviews:

- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Incident Review Team Member
- Intermediate or Higher-Level Facility Staff
- Investigative Staff
- Medical and Mental Health Staff
- SANE/SAFE Hospital Staff
- Random Staff

Site Review Observations:

- Review of agency procedures
- Review of departmental level facility procedures

Standard Subsections:

(A) The HRYCI has developed a written institutional plan; namely HRYCI Policy #8.60-115.65, Coordinated Response, 7-7-16, to coordinate actions amongst first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse and sexual harassment.

Reasoning & Findings Statement:

This provision works to coordinate facility efforts so that victims of sexual abuse and sexual harassment receive adequate support services. To coordinate facility efforts in the most efficient manner possible, the HRYCI implemented a unit-based policy (HRYCI #8.60) that details the coordinated response plan to an incident of inmate sexual abuse. In this, the roles of all facility staff are discussed and, perhaps even more importantly, the manner in which those roles interact with one another is outlined. This policy is a conveniently written overview of departmental responsibilities, equipped with notification and referral reminders. When asked, various departmental staff were able to articulate their role in the response process. As well, during inmate interviews, many were able to articulate the responsibilities of responding staff; thus, demonstrating this process has been institutionalized within the facility. As such, the HRYCI has met all of the provisions within this standard.

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

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

115.66 (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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC Union Contract, AFL-CIO, Unit 10, July 1, 2019 through June 30, 2023
- DDOC Union Contract, AFL-CIO, Unit 11, July 1, 2019 through June 30, 2023

Interviews:

- Agency Head
- Agency Contract Administrator
- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Administrative (Human Resources Staff)

Site Review Observations:

- Reviewed agency labor contracts

Standard Subsections:

(A) Per policy (#8.60), both the agency, as well as any other governmental entity responsible for collective bargaining on the agency's behalf, are 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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Current contracts between the State of Delaware and the various unions ensure that the DDOC retains the management rights for facilitates to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

(A) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This provision allows the agency to protect inmates from having contact with sexual abusers and sexual harassers. Policy (#8.60) allows for employees to be suspended from duty pending the outcome of a sexual abuse or sexual harassment investigation. In speaking with investigative staff and the HRYCI Warden, the process of suspending or separating an employee from employment as a function of a negative sexual abuse or sexual harassment investigation finding was explained. It was also noted that the DDOC; more specifically, the HRYCI unit administration, has no reservations about discharging employees for engaging in sexual abuse and sexual harassment. Hence, the HRYCI has satisfactorily met all provisions within this standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmate 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 inmate 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 inmate 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

115.67 (d)

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

115.67 (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

115.67 (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

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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15

Interviews:

- Agency PREA Coordinator

- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Institutional Investigator
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Random Inmates
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Reviewed retaliation monitoring log

Standard Subsections:

(A) Policy (#8.60) prohibits retaliation for reporting sexual abuse or sexual harassment and for cooperating with a sexual abuse and sexual harassment investigations. Specifically, “the Department will take immediate action to protect inmates who it learns are in substantial risk of imminent sexual abuse. It shall take action to protect inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation.” To this effect, “the Department shall require all staff to report immediately any retaliation against staff or inmates that may report such an incident of sexual abuse.”

(B) In speaking with the HRYCI PREA Compliance Manager, it was noted that the institution would employ multiple protection measures, such as housing changes, or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates and staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations.

(C) Per policy (#8.60), for a minimum of 90 days following a report of sexual abuse or sexual harassment, the facility shall monitor the conduct and treatment of “the victim, any third-party inmates who reports an allegation of sexual assault, and/or any staff member who reports a case of sexual abuse.” Additionally, per policy (#8.60), HRYCI shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

(D) Per policy (#8.60), in the case of inmates, “each facility will designate staff to monitor alleged victims, and such monitoring shall also include periodic in-person status checks.”

(E) Per policy (#8.60), if any other individual (staff, volunteer, contractor, inmate, etc.) who cooperates with an investigation expresses a fear of retaliation, the facility and agency shall take appropriate measures to protect that individual against retaliation.

(F) The auditor is not required to audit this provision.

Reasoning & Findings Statement:

This standard works to prevent retaliation against employees and inmates for reporting sexual abuse and sexual harassment or for having cooperated with an investigation into such. DDOC policy provides a comprehensive overview of agency protection against sexual abuse and sexual harassment. In speaking with inmates, none noted that they had ever experienced retaliation for participating in a

PREA related facility investigation. Both the HRYCI PREA Compliance Manager and the HRYCI Institutional Investigator provided detailed explanations of the monitoring process. The auditor also observed the monitoring system currently in place at the HRYCI. Given the totality of the policies provided, staff knowledge regarding the process, and a demonstration of the HRYCI monitoring process, the HRYCI has met the basic provisions of this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15

Interviews:

- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Random Staff
- Staff Who Supervise Inmates in Segregated Housing
- Random Inmates
- Inmates Placed in Segregated Housing (For Risk of Sexual Victimization)

Site Review Observations:

- Observed segregated housing

Standard Subsections:

(A) Policy (#8.60) prohibits placing inmates who allege sexual abuse or to be at a high risk of sexual abuse, in involuntary segregated housing unless an assessment of all other available alternatives has been made and a subsequent determination concludes that there are no available alternatives means of separation from likely abusers. If placed in segregation, inmates “shall have access to programs, privileges, education, and work opportunities to the extent possible. Inmates assigned to involuntary segregated housing shall only (be) assigned to this housing until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed 30 days.” Within the past twelve months, the HRYCI has not placed any inmates who have suffered sexual abuse or who are at a high risk of sexual abuse in involuntary segregation pending completion of their assessment.

Reasoning & Findings Statement:

Agency policy strictly prohibits the use of involuntary segregated housing as a de facto response to inmate safety concerns. Rather, as explained by the HRYCI PREA Compliance Manager, the use of involuntary segregated housing should be considered only as the last available option, and even at that, as only a temporary measure. Within the reporting time frame, HRYCI administration did not utilize involuntary segregated housing for any inmate who had alleged sexual abuse or fear of such abuse. While conversations with the HRYCI Warden and the HRYCI PREA Compliance Manager did indicate that if absolutely necessary, inmates would be placed in involuntary segregated housing, it would be their absolute last option. As such, the HRYCI has satisfied the requirements of this provision.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (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 115.21(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 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (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

115.71 (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

115.71 (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 inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (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

115.71 (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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (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 115.21(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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC Policy #8.35, Investigative Responsibilities of and Assistance from the State Police, 6-29-15
- DDOC Policy #8.37, Internal Affairs, 6-29-15
- DDOC Lesson Plan: PREA Specialized Training – Investigations

Interviews:

- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Investigative Staff
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Review of case files
- Reviewed investigator training certifications
- Reviewed agency training records documenting investigator training curriculums

Standard Subsections:

(A) Policy (#8.60) requires that when the agency conducts “administrative investigations of sexual abuse, and/or sexual harassment of an inmate, (the investigation) shall be conducted promptly and thoroughly, and shall be followed through until a determination of substantiated, unsubstantiated, or unfounded can be made.”

(B) Policy (#8.60) “ensure(s) that all staff responsible for conducting administrative investigations receives specialized training related to PREA;” namely, it requires investigators to have received specialized training in excess of the generalized sexual abuse and sexual harassment training provided to other staff. In interviewing the HRYCI PREA Compliance Manager and the HRYCI Institutional Investigator, said staff confirmed participation in numerous related courses. Additionally, training curriculums, employee training certifications, as well as completed training rosters, provided additional documentation to support facility compliance.

(C) Per policy (#8.60), “the Department will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence in criminal and administrative investigations.” In speaking with the facility investigator, it was noted that all allegations require the victim, suspected perpetrators, and any witnesses to be interviewed. Additionally, any previous reports or documentation that may contribute to the overall investigation are reviewed.

(D) Policy (#8.60) allows “compel interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.” In speaking with the facility investigator, it was noted that compelled interviews would only be conducted after speaking with state police and authorized by the local prosecutor.

(E) Policy (#8.60) requires that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and not on the basis of that individual’s status as an inmate or staff member. Policy (#8.60) further prohibits the use of a polygraph test or other truth-telling device as a condition of investigating allegations of sexual abuse or sexual harassment. The facility investigator confirmed that the credibility of the alleged victim, suspect, or witness was assessed on a case-by-case basis, regardless of that person’s status as an inmate, staff member, contractor, volunteer, or other facility connection.

(F) Policy (#8.60) requires that “all investigations will be documented in standardized reporting format utilizing the DACS incident and investigation applications, the Law Enforcement Investigative

Support System, and/or in a word document approved by the DDOC administrations. Reports will include a description of the physical and testimonial evidence gathered, and the reasoning behind credibility assessments.” A review of files maintained by the HRYCI PREA Compliance Manager provided detailed written reports of both the allegations and the subsequent investigation.

(G) As previously noted, policy (#8.60) requires that all criminal investigations are documented in written reports. For criminal investigations, the Law Enforcement Investigative Support System, and/or in a word document approved by the DDOC administrations, is commonly used. As a function on that documentation, these reports should include a description of the physical evidence, testimonial evidence, and documentary evidence. A review of files maintained by the Institutional Investigator provided detailed written reports of both the allegations and the subsequent investigation.

(H) As noted by the Institutional Investigator, and required by policy (#8.60), “where sexual abuse is substantiated during an administrative investigation, the Department shall report this information to the Delaware State Police for possible prosecution.”

(I) Policy (#8.60) requires that “where allegations are referred for criminal investigation to the Delaware State Police, the Department shall ensure that the cases are referred promptly, and that a designated staff representative follows the case until it is determined to be substantiated, unsubstantiated, or unfounded.” In speaking with the Institutional Investigator, this process was thoroughly detailed. Furthermore, “the agency shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.”

(J) Policy (#8.60) mandates that “the departure of the alleged abuser or victim from employment or control of the facility or Department shall not provide a basis for terminating an investigation.”

(K) The auditor is not required to audit this provision.

(L) Policy (#8.60) requires facility staff to cooperate with outside investigators and endeavor to remain informed about the progress of the investigation. In speaking with the HRYCI PREA Compliance Manager and the HRYCI Institutional Investigator, it was noted that the facility investigator and the DSP maintain a professional relationship that allows for the general use of routine communication to remain informed about the progress of any investigation. This subsequently ensures that HRYCI staff remain informed on the progress of all sexual abuse investigations.

Reasoning & Findings Statement:

The Delaware State Police (DSP) operates as the law enforcement branch inside of the DDOC. As such, the DDOC conducts its own administrative investigations via agency staff and allows the DSP to conduct all criminal investigations for allegations of sexual abuse. To work as a criminal investigator within the DDOC, personnel must have law enforcement credentials. As well, to perform administrative investigations, DDOC staff must have met additional training requirements for conducting sexual abuse/sexual harassment investigations within a confinement setting. DSP staff do have the authority to investigate criminal cases within the DDOC, to include collecting evidence, as well as interviewing victims, suspected perpetrators, and witnesses. DSP officers have been trained on the standards of evidence required to support a finding of guilt in criminal cases. As well, DSP officers have been trained on due process and procedural requirements of criminal cases. As confirmed through interviews with DDOC staff and the facility liaison DSP officer, HRYCI staff work collaboratively with DSP in order to facilitate communication between the two agencies. Accordingly, the HRYCI has met the requirements of this provision.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (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*)
- 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15

Interviews:

- HRYCI Facility Warden
- HRYCI PREA Compliance Manager
- Investigative Staff

Site Review Observations:

- Review of case files

Standard Subsections:

(A) Policy (#8.60) requires that the evidence needed to "determine whether an allegation of sexual abuse is substantiated shall be no higher than a preponderance of the evidence." In speaking with the facility investigator, this requirement was confirmed as the governing standard in determining the outcome of sexual abuse/sexual harassment allegations. Hence, for substantiated claims, this simply means that the weight of the evidence must indicate that the allegations are more likely to be true than not true.

Reasoning & Findings Statement:

Agency policy requires that the DDOC establish a standard of proof no higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. When interviewed, the HRYCI PREA Compliance Manager and the HRYCI Institutional Investigator both confirmed that standard of proof to be slightly more than half. An onsite review of all case files reflected the standard of proof used to substantiate allegations of sexual abuse or sexual harassment was merely a preponderance of evidence. With this, the HRYCI has satisfied all material provisions for this standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

- If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

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

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually abused by another inmate, 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

115.73 (e)

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

115.73 (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

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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- HRYCI Incident Report, 1-24-22
- HRYCI Inmate Notification, 3-7-22

Interviews:

- HRYCI PREA Compliance Manager

- HRYCI Facility Warden
- Designated Staff Member Charged with Monitoring Retaliation
- Investigative Staff
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Review of case files

Standard Subsections:

(A) Policy (#8.60) requires that “the victim, and any third-party reporter, will be notified in writing that a case has been closed as substantiated, unsubstantiated, or unfounded.” Within the audit time frame, HRYCI has conducted two criminal and/or administrative investigations of alleged inmate sexual abuse. Of those, all inmates have since been notified, verbally or in writing, of the results of the investigation.

(B) Policy (#8.60) further requires that “where allegations are referred for criminal investigation to the Delaware State Police... a designated staff representative follows the case until it is determined to be substantiated, unsubstantiated, or unfounded.” Within the audit time frame, there has been one investigation of alleged sexual abuse completed by an outside agency. HRYCI staff did follow the case as required by policy and subsequently provided the affected inmate a final disposition of the allegations.

(C) Policy (#8.60) requires that when an inmate has filed allegations of sexual abuse against a staff member (unless unfounded), the institutional investigator shall inform the inmate upon the following:

- a. The staff member is no longer posted within the inmate’s unit;
- b. The staff member is no longer employed at the facility;
- c. The institution learns that the staff member has been indicted on a charge related to sexual abuse within the institution;
- d. The institution learns that the staff member has been convicted on a charge related to sexual abuse within the institution.

(D) Policy (#8.60) requires that when an inmate has filed allegations of sexual abuse against another inmate, the agency must notify the inmate whenever the alleged abuser has been:

- a. Indicted on a charge related to sexual abuse within the facility and
- b. Whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(E) Policy (#8.60) requires that the agency document all notifications or attempted notifications regarding disposition to inmate allegations of sexual abuse and/or sexual harassment. Interviews with the HRYCI PREA Compliance Manager and the HRYCI Institutional Investigator confirm adherence to said policy. As well, a review of documented notifications generally support said adherence.

(F) Auditor is not required to audit this provision.

Reasoning & Findings Statement:

Agency policy requires DDOC staff to provide inmates with dispositions for all claims of sexual abuse and sexual harassment. The DDOC conducts all administrative sexual abuse/sexual harassment investigations. While all criminal sexual abuse and/or sexual harassment claims are addressed by the

DSP, agency staff do remain actively engaged in those investigations. Agency policy provides that all inmates who have filed a previous sexual abuse and sexual harassment claims against agency staff or other inmates, receives notification upon a change in housing status for the inmate or a change in job status for the employee. Lastly, policy requires these notifications to be documented. Within the previous 12 months, HRYCI staff have provided notifications on two investigations. All notifications to HRYCI inmates were provided in written format. Documentation reflecting proper notifications were reviewed and found to be in compliance with policy. As such, the HRYCI is operating in accordance to all parts of this provision.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (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

115.76 (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

- 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15

Interviews:

- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Investigative Staff
- Random Staff

Site Review Observations:

- Review of case files

Standard Subsections:

(A) Policy (#8.60) clearly advises staff that all employees shall be subject to disciplinary sanctions up to and including termination for violating DDOC sexual misconduct policies. Interviews with the HRYCI PREA Compliance Manager, HRYCI Facility Warden, and the HRYCI Institutional Investigator confirm facility adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.

(B) Policies (#8.60) continues by noting that any perpetrator of a sexual abuse or sexual harassment will be dealt with through discipline or prosecution to the fullest extent permitted by law. In this, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of an inmate. In the past twelve months, there have not been any HRYCI staff who have been terminated, or resigned prior to termination, for violating agency sexual abuse or sexual harassment policies.

(C) Policy (#8.60) stipulates disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually 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. Again, interviews with the HRYCI PREA Compliance Manager, HRYCI Warden, and the HRYCI Institutional Investigator confirm their adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.

(D) Policy (#8.60) notes that “where the perpetrator is a medical or mental health professional, 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”

Reasoning & Findings Statement:

This standard works to ensure agency staff understand the gravity and the criminal nature of having sexual relations with incarcerated persons. The State of Delaware has made the consequences of engaging in such behavior exceptionally clear. It should also be noted that over the past 12 months, there have not been any staff members assigned to the HRYCI who have violated agency sexual abuse or sexual harassment policies. During staff interviews, all staff expressed their knowledge of the agency’s zero tolerance policy. As such, the DDOC, as well as HRYCI administration, has satisfied the provisions of this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? 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

115.77 (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 inmates? 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15

Interviews:

- Agency Contract Administrator
- HRYCI Facility Warden
- Investigative Staff
- Administrative (Human Resources Staff)
- Contractors Who May Have Contact with Inmates

Site Review Observations:

- Review contractor/volunteer files

Standard Subsections:

(A) Policy (#8.60) advises contractors and volunteers that “when a case of sexual assault is substantiated against a vendor or volunteer, the Department shall bar that individual from further contact with inmates, and shall refer the case to the Delaware State Police for possible prosecution... Where the perpetrator is a medical or mental health professional, 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.” Interviews with contracted staff evidenced that the agency’s zero-tolerance policy was institutionalized.

(B) Policy (#8.60) advises contractors and volunteers that “when a case of sexual assault is substantiated against a vendor or volunteer, the Department shall bar that individual from further contact with inmates, and shall refer the case to the Delaware State Police for possible prosecution.” Additionally, policy (#8.60) notes that “disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually 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.”

Reasoning & Findings Statement:

Policy expressly states that contractors and volunteers who engage in sexual abuse with inmates will be removed from contact with inmates upon substantiation of the investigations. Contractors or volunteers who engage in sexual abuse will be reported to law enforcement and to any relevant licensing body. These persons will also be subject to criminal sanctions. Over the past twelve months, the HRYCI has

not had any contractors or volunteers engage in sexual abuse or harassment of any inmate. At the time of the onsite review, due to the COVID pandemic, there weren't any volunteers present on the facility. However, during the HRYCI contractor interviews, both the prohibition against sexual abuse and sexual harassment of inmates, as well as the consequences of having engaged such, were clearly known. Documentation of contractor and volunteer training records further supports this assertion. Hence, the provisions of this standard have been met and HRYCI is in compliance with such.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (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 inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

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

115.78 (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

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- HRYCI Incident Report, 3-29-22

Interviews:

- HRYCI Facility Warden
- HRYCI PREA Compliance Manager
- Investigative Staff
- Medical/Mental Health Staff
- Random Staff
- Random Inmates

Site Review Observations:

- Review of inmate disciplinary files

Standard Subsections:

(A) Policy (#8.60) notes that following an administrative or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse, said inmate is subject to disciplinary sanctions pursuant to formal disciplinary processes. During the past twelve months, the HRYCI has had no administrative finding of inmate-on-inmate sexual abuse and no criminal findings of inmate-on-inmate sexual abuse.

(B) Policy (#8.60) ensures that disciplinary sanctions imposed are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. As well, sanctions consider aggravating and mitigating factors.

(C) When determining an inmate's disciplinary sanctions, policy (#8.60) does consider how an inmate's mental disabilities or mental illness contributed to his behavior.

(D) Per policy (#8.60), all inmates found guilty of sexual abuse shall be given appropriate programming and interventions if determined to be necessary by mental health services in consultation with sex inmate services. Specifically, said inmates will be placed in Transitions Class.

(E) Per policy (#8.60), the DDOC may discipline an inmate for sexual contact and/or sexual conduct with staff only upon finding out that the staff member did not consent to such contact or conduct.

(F) Per policy (#8.60), a report made in good faith based upon a reasonable belief that the alleged conduct did occur does not constitute falsely reporting an incident or lying for the purpose of disciplinary action, even if the investigation does not establish evidence sufficient to substantiate the allegations.

(G) Per policy (#8.60), the agency clearly distinguishes between consensual sex, which is still a violation of agency policy, and inmate-on-inmate sexual abuse, which is defined as when one or more inmates engage in sexual conduct, including sexual contact, with another inmate against his or her will or by use of force, threats, intimidation, or other coercive actions.

Reasoning & Findings Statement:

The inmate disciplinary process is a formal means to address institutional misconduct. The HRYCI uses a progressive disciplinary system, which allows for consideration of aggravating and mitigating factors. Within the last 12 months, the HRYCI hasn't processed any administrative or criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility. In considering agency policies, facility procedures, staff interviews, and inmate comments, HRYCI is compliant with disciplinary standards as required under this provision.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? 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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Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15

- DDOC Release of Information Authorization Form
- HRYCI Intake Screening Report, 10-22-21
- HRYCI Sexual Abuse Intake Screening Follow-Up, 10-22-21

Interviews:

- HRYCI PREA Compliance Manager
- Intake Staff
- Medical/Mental Health Staff
- Staff Who Perform Screening for Risk of Victimization and Abusiveness
- Inmates Who Reported Sexual Victimization During Risk Screening

Site Review Observations:

- Observed Medical Department
- Review of Medical/Mental Health PREA Screening Form

Standard Subsections:

(A) Policy (#8.60) requires that upon arrival, all HRYCI inmates will be screened for sexual abuse risk factors. If the assessment indicates that the inmate has had prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will offer a follow-up meeting with a mental health or medical practitioner within fourteen calendar days of the intake screening. In the past twelve months, 100% of inmates received at the HRYCI who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. A review of both medical and mental health referrals confirms the institutionalization of this practice.

(B) Per policy (#8.60), persons with a history of being sexually abusive must be referred for mental health services within 14 calendar days. In speaking with Mental Health staff, it was noted that the nature of the referral is in accordance with the individualized needs of each inmate. In the past twelve months, 100% of inmates received at the HRYCI who had previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner.

(C) Per policy (#8.60), regular mental health referrals are addressed within a timeframe consistent with the nature of the referral and within 14 days of the intake screening for both jail and prison inmates.

(D) Per policy (#8.60) practitioners must report any sexual abuse that occurred in a correctional facility. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local laws.

(E) Per policy (#8.60) any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local laws. As noted by medical and mental health staff during the interview process, medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of

18 years or considered a vulnerable adult. In speaking with medical/mental health staff, as well as the HRYCI Institutional Investigator, adherence to this policy was confirmed.

Reasoning & Findings Statement:

Within the past 12 months, 100% of inmates who had disclosed prior victimization during risk screening were offered a follow-up meeting with a medical or mental health practitioner. Within the past 12 months, 1005 of inmates who had previously perpetrated sexual abuse as indicated during risk screening were also offered a follow-up meeting with a medical or mental health practitioner to address said behavior. As noted by medical/mental health staff, the HRYCI is providing routine and regular medical screens and other health services in accordance to qualified medical assessments, as well as to policy. Documentation specific to the PREA assessment form for medical and mental health staff reflects the appropriate use of the screening tool to determine appropriate housing and medical needs. As such, the facility is meeting all provisions as established within this standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate 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

115.82 (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 § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate 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

115.82 (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*)
- 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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC, Bureau of Healthcare, Policy #F-06, Response to Sexual Abuse, 11-12-21
- DDOC, Policy #B-05, Suicide Prevention and Intervention, 9-27-21

Interviews:

- HRYCI PREA Compliance Manager
- Medical and Mental Health Staff
- SANE/SAFE Hospital Staff
- Security Staff and/or Non-Security Staff Who Have Acted as First Responders
- Random Staff
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Observed Medical Department
- Review of Medical/Mental Health PREA Assessment Form

Standard Subsections:

(A) Policy (#8.60) requires that "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." In speaking with medical staff, adherence to this policy was confirmed. Inmates who had previously made allegations of sexual abuse also confirmed that they had received medical treatment in a timely manner. Within the audit time frame, there have not been any medical cases that required emergency medical treatment.

(B) In speaking with medical and mental health staff, 24-hour availability of qualified medical and mental health practitioners was affirmed. Additionally, staffing requirements, and subsequent

scheduling documentation, confirms the continuous availability of qualified medical and mental health staff. Lastly, during interviews with first responders, as well as random security staff, all personnel recognized with immediacy the need to notify medical staff of any sexual abuse allegations.

(C) Policy (#F-06) requires that “victims of recent sexual assault are referred to a community facility for treatment and gathering of evidence.” SAFE/SANE nurses at the local hospital will then provide inmates with appropriate “prophylactic treatment, testing and follow-up care for sexually transmitted infections or other communicable diseases (e.g., HIV, hepatitis B) are offered to all victims, as appropriate.” In speaking with medical staff, adherence to this policy was confirmed. Inmates who had previously made allegations of sexual abuse also confirmed that they had received medical treatment in a timely manner.

(D) Policy (#F-06) notes that “any inmate that wishes to receive ongoing mental health treatment subsequent to a sexual assault (recent or otherwise) will have a treatment plan developed and treatment continued for as long as necessary with no cost to the inmate.” In speaking with mental health and medical staff, adherence to this policy was confirmed. Additionally, inmates who had previously received medical treatment for allegations of sexual abuse also confirmed that they were not charged a medical fee for said services.

Reasoning & Findings Statement:

This standard is designed to provide inmates access to emergency medical and mental health services. In this, facility staff are meeting all of the provisions within this standard. Policy (F-06) allows that upon receipt of an inmate into the Medical Department, medical staff shall determine the inmate’s course of treatment; specifically, what is medically indicated on the basis of evidence collection or physical trauma. Inmate interviews further acknowledge that inmates are provided appropriate medical/mental health treatment. Lastly, documentation reflecting access to medical and mental health care, to include outside services, was reviewed. In reviewing the totality of the information provided, the HRYCI has met the minimums provisions of this standard via emergency (24-hour) access to qualified medical staff. The HRYCI has also exceeded the minimums provisions of this standard by not only providing timely access to medical and mental health services, but also by ensuring a continuum of care is established at no cost to the inmates for as long as the inmate requests it.

Standard 115.83: 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

115.83 (a)

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

115.83 (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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) 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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Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC, Bureau of Healthcare, Policy #F-06, Response to Sexual Abuse, 11-12-21

Interviews:

- HRYCI PREA Compliance Manager
- Medical/Mental Health Staff
- Inmates Who Reported Sexual Abuse

Site Review Observations:

- Observed Medical Department
- Review of Medical/Mental Health PREA Assessment Form

Standard Subsections:

(A) Policy (#8.60, #F-06) requires that all allegations of sexual assault must be evaluated immediately by the facility health staff. In this, medical services shall include an appropriate examination, documentation, and transport to the local emergency department. Once transported to the community facility, inmates will receive testing for sexually transmitted diseases, counseling, prophylactic treatment, follow-up, and referral for mental health evaluation, as appropriate. In speaking with medical and mental health staff, adherence to this policy was confirmed. In speaking with correctional staff, there were no instances where any staff indicated that the medical or mental health departments had ever, or would ever, refuse to provide medical/mental health treatment to any inmate who claimed to have been a victim of sexual abuse. In speaking with inmates who were receiving mental health treatment services, they confirmed that upon facility transfer, they were automatically placed on the mental health rosters of their newly assigned facility.

(B) Per policy (#F-06), the DDOC will provide continuing mental health services to inmates throughout their assignment to the DDOC and even upon their release from the agency.

(C) Policy (#8.60) requires that all 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. If not referred to an outside hospital emergency department, the inmate is treated in the facility infirmary after evaluation by a primary care provider. In each instance, medical and mental health services are provided in accordance to the judgement of qualified health care providers.

(D) HRYCI is an "all-male" correctional institution.

(E) HRYCI is an “all-male” correctional institution.

(F) Policy (#F-06) requires that when medically appropriate, “prophylactic treatment, testing and follow-up care for sexually transmitted infections or other communicable diseases (e.g., HIV, hepatitis B) are offered to all victims, as appropriate.” In speaking with both medical staff and inmates who had previously alleged sexual abuse, agency adherence to this policy was confirmed.

(G) Policy (#F-06) notes that “any inmate that wishes to receive ongoing mental health treatment subsequent to a sexual assault (recent or otherwise) will have a treatment plan developed and treatment continued for as long as necessary with no cost to the inmate.” In speaking with medical staff, adherence to this policy was confirmed. Additionally, inmates who had previously received medical treatment for allegations of sexual abuse also confirmed that they were not charged a medical fee for said services.

(H) Policy (#F-06) requires that mental health services shall attempt to conduct a Comprehensive Mental Health Evaluation on all known abusers within thirty (30) calendar days of learning of such history and offer treatment when deemed appropriate. In speaking with mental health staff, it was noted that while agency policy allows for 30 days to evaluate abusers, to help ensure the safekeeping of all inmates, known abusers are generally evaluated at a much faster rate.

Reasoning & Findings Statement:

This standard is designed to ensure ongoing medical and mental health care for sexual abuse victims and abusers. The HRYCI offers qualified and coordinated medical and mental health care regardless of an inmate’s ability to pay for said services. As appropriate, inmates are provided the opportunity to attend follow-up treatments, for both medical and mental health services. Once established, access to said treatment follows the inmate throughout the DDOC system and can be coordinated with community care upon the inmate’s release from the DDOC. The medical and mental health services provided are consistent with the community level of care. Additionally, because this level of care is coordinated to ensure that inmates receive every aspect of sexual abuse treatment, addressing both medical and mental health needs on a regular and timely basis, without regard to cost, the opportunity for treatment received in this institutional setting far exceeds that of individuals receiving similar treatments within the community. Accordingly, the HRYCI Medical and Mental Health Department has collectively exceeded the provisions of this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (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

115.86 (b)

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

115.86 (c)

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

115.86 (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 §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.86 (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

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Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- HRYCI Sexual Assault/Critical Incident Review, 3-8-22
- HRYCI Incident Report, 1-24-22
- HRYCI Inmate Notification, 3-7-22

Interviews:

- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Incident Review Team Member

Site Review Observations:

- Reviewed Incident Review documents

Standard Subsections:

(A) Policy (#8.60) states that the "Department shall conduct a sexual abuse Critical Incident Review (CIR) at the conclusion of every sexual abuse investigation. This review will be done for substantiated, unsubstantiated, and unfounded cases." In the past twelve months, the HRYCI hadn't had any criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only unfounded incidents. Nonetheless, one Critical Incident Review was conducted. In speaking with the HRYCI PREA Compliance Manager, the HRYCI Warden, and the HRYCI Institutional Investigator, each person explained their role within the Critical Incident Review process.

(B) Policy (#8.60) mandates the "CIR will be initiated within 30 days of completion of the investigation, and will be completed within 90 days, absent exigent circumstances." In the past twelve months, the HRYCI has concluded one such investigations. A review of related documentation confirmed that the critical incident review process did occur within 30 days following the conclusion of the investigation.

(C) Policy (#8.60) requires that the review team will, at a minimum, consist of:

- a. Warden or Deputy Warden
- b. The facility PREA Compliance Manager
- c. Facility or Internal Affairs Investigator;
- d. Medical/Mental health administrators,
- e. State-wide PREA Coordinator,
- f. Any other staff that may have relevant input

(D) Policy (#8.60) requires that CIR considers:

- a. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- b. Whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- c. Whether the area in the facility where the incident allegedly occurred contains physical barriers in the area may enable abuse;
- d. The adequacy of staffing levels in that area during different shifts;
- e. Whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- f. Following the CIR, a report of its findings, along with any recommendations for improvement is prepared. "The Bureau Chief will have final review of the CIR report."

(E) Upon completion of the Critical Incident Review Report, the facility shall implement the recommendations outlined in the CIR Report for improvement or shall document its reasons for not doing so. In speaking with the HRYCI PREA Compliance Manager, the HRYCI Warden, and the HRYCI Institutional Investigator, each person explained their role within the critical incident review process.

Reasoning & Findings Statement:

Within the past 12 months, HRYCI has not conducted any criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only unfounded incidents. Nonetheless, one Critical Incident Review was still engaged. Documentation relative to this review was examined to ensure that the Critical Incident Review team consisted of the appropriate committee members, that due consideration was given to the factors noted within Section D, an incident review report was completed with appropriate subsequent action taken, and that these reviews are generally conducted within 30 days of the incident. In speaking with the HRYCI PREA Compliance Manager, the HRYCI Warden, and the HRYCI Institutional Investigator, each person explained their role within the incident review process. Additionally, inmates were interviewed to determine what, if any, changes were needed or made to institutional policy following their reported incident. With this, given the totality of the information reviewed, policies, documented evidence, staff and inmate interviews, it is apparent that the HRYCI has maintained compliance with each of the aforementioned provisions.

Standard 115.87: Data collection

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

115.87 (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

115.87 (b)

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

115.87 (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

115.87 (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

115.87 (e)

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

115.87 (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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC Survey on Sexual Violence submission report, 2020
- DDOC PREA Annual Report, 2020

Interviews:

- Agency PREA Coordinator

- HRYCI PREA Compliance Manager
- HRYCI Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section
- Reviewed monthly incident summaries

Standard Subsections:

(A) Policy (#8.60) provides all staff within the DDOC a standardized set of definitions specific to sexual abuse/sexual harassment allegations. Policy (#8.60) further mandates that “the Department shall collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and a set of definitions. This will be automatically generated in the Delaware Automated Correctional System (DACS) upon completion of PREA Incident Reports.” In speaking with the HRYCI PREA Compliance Manager, adherence to this provision was confirmed.

(B) Policy (#8.60) further requires that “from DACS, the Department shall be able to obtain aggregated data as needed, and shall provide this information yearly to the United States Department of Justice.” In speaking with the HRYCI PREA Compliance Manager, adherence to this provision was confirmed.

(C) In reviewing the DDOC 2020 annual survey, the DDOC completes the U.S. Department of Justice, Bureau of Justice Statistics Survey of Sexual Victimization report. Furthermore, as confirmed by the DDOC PREA Coordinator, the data includes all information necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Bureau of Justice Statistics.

(D) In speaking with the HRYCI PREA Compliance Manager, it was noted that all case records associated with allegations of sexual misconduct or retaliation including incident reports, investigation reports, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with the DDOC records retention schedule. The DDOC PREA Coordinator confirmed the agency’s overall adherence to this policy. As well, the HRYCI PREA Compliance Manager and HRYCI Institution Investigator confirmed that above reference sources were continuously used to inform the agency’s annual statistical reports.

(E) In speaking with the DDOC PREA Coordinator, it was noted that all aggregated sexual misconduct data received from private facilities with which it contracts is made available for inclusion the agency’s aggregated data set. The DDOC PREA Coordinator confirmed the agency’s overall adherence, as well as the specific adherence of the agency’s lone DDOC private facility, to this policy.

(F) Policy (#8.60) requires that the PREA Coordinator provide aggregated data on sexual abuse and sexual harassment occurring within the DDOC to the Department of Justice (DOJ); specifically, the Bureau of Justice Statistics, on an annual basis. As confirmed by the PREA Coordinator, said data is provided to the DOJ no later than June 30th of each year.

Reasoning & Findings Statement:

This standard works to ensure that specific data relative to promoting sexual safety within a correctional institution is collected on at least an annual basis. That data is then aggregated and made available for

public review. The HRYCI has complied with the timely collection of said data and is subsequently furnishing it to appropriate entities as requested. Hence, the HRYCI has met all provisional requirements and is in compliance with this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 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 § 115.87 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 § 115.87 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

115.88 (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

115.88 (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

115.88 (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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC PREA Annual Report, 2020

Interviews:

- Agency Head
- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

(A) Policy (#8.60) requires the DDOC to review the aggregated data to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. Specifically, the DDOC uses this information to identify problem areas, take corrective action on an ongoing basis, and prepare an annual report of its findings from the data review and any corrective actions for each facility, as well as the agency as a whole. The PREA Coordinator confirmed adherence to this process. As well, the DDOC Annual PREA Report (2020) does reflect the intelligent use of said data.

(B) Policy (#8.60) requires that annual statistical reports include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the DDOC's progress in addressing sexual misconduct. The PREA Coordinator confirms adherence to this policy. As well, the DDOC Annual PREA Report (2020) does reflect a comparative analysis across years.

(C) Policy (#8.60) requires that upon completion of each year's Annual PREA Report, the report shall be approved by the Commissioner of Correction posted on the agency's web page. A review of

the DDOC website indicates that upon approval from the agency director, the report is then made available to the public. The PREA Coordinator confirms adherence to this policy. Furthermore, a review of the DDOC website finds all agency PREA reports publicly available:
<https://doc.delaware.gov/views/prea.blade.shtml>

(D) Policy (#8.60) requires that “no personal identifiers will be made publicly available. Specific material that would present a clear threat to the safety and security of a facility will be redacted.” In speaking with the agency PREA Coordinator, it was noted that should the agency need to redact specific information other than publicly identifying statistics, proper procedural restraints would be applied.

Reasoning & Findings Statement:

This standard works to determine if agency, and by extension, facility base staff use aggregated data to promote the overall safety and security of the facility. In speaking with the agency-wide PREA Coordinator, HRYCI PREA Compliance Manager, and the HRYCI Warden, the manner in which each person utilizes the data to improve overall institutional safety, based on their role within the agency, was explained. Hence, the HRYCI has demonstrated clear compliance with each of the provisions, and as such, has reached the goal of the standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 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

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.

Documents:

- DDOC Policy #8.60, Prison Rape Elimination Act (PREA), 9-22-15
- DDOC PREA Webpage

Interviews:

- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden

Site Review Observations:

- Extensive review of agency website/PREA section

Standard Subsections:

(A) Policy (#8.60) notes that "from DACS, the Department shall be able to obtain data as needed, and shall provide this information yearly to the United States Department of Justice." This information is securely held within the DACS system. The PREA Coordinator confirms agency compliance with this directive. As well, review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87.

(B) Policy (#8.60) notes that annual aggregated reports previously published pursuant to §115.87 are readily available to the public through the DDOC website.

(C) Policy (#8.60) requires all personal identifiers must be removed from publicly available data, such as all annually produced statistical reports published on the agency's website.

(D) Policy (#8.60) requires that the agency maintain sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. The PREA Coordinator confirms agency compliance with this directive. As well,

review of the agency website reflects the collection of all annual aggregated reports previously published pursuant to §115.87. This data is made readily available to the public through the DDOC website.

Reasoning & Findings Statement:

This standard works to ensure both public availability and agency integrity in the presentation of aggregated sexual abuse data. In reviewing agency documents and speaking with staff, it is more than apparent that both the DDOC PREA Coordinator, as well as the administration of the HRYCI, operate with transparency in government. As such, the facility has clearly obtained each provision, and thus, satisfactorily achieve overall compliance.

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 inmates 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*)
- 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.

Documents:

- DDOC PREA Webpage
- HRYCI Posted Audit Notice (English)
- HRYCI Posted Audit Notice (Spanish)

Interviews:

- Agency PREA Coordinator
- HRYCI PREA Compliance Manager
- HRYCI Facility Warden
- Random Staff
- Random/Targeted Inmates

Site Review Observations:

- On-site inspection of the entire HRYCI
- Review of documentation available via the DDOC PREA website

Standard Subsections:

(A) As evidenced by presence of facility audits on the DDOC website, and confirmed by the PREA Coordinator, PREA Audits have been completed at all DDOC correctional facilities to provide for at least one-third of each facility type operated by the Agency being audited during each audit year.

(B) This is Audit Year 3 of Cycle 3.

(H) The auditor had full access to all areas of the facility.

(I) All documents requested by the auditor were received in a timely manner.

(M) The auditor was permitted to conduct private interviews with inmates.

(N) Inmates were permitted to correspond with the auditor using privileged mail processes.

Reasoning & Findings Statement:

Both the PREA Coordinator and the HRYCI PREA Compliance Manager were prepared for this review. The auditor was provided the PAQ well in advance of arriving to the facility. The auditor was given unrestricted access to the institution and provided with all reference materials requested. The auditor was provided with a convenient location from which to interview both employees and staff in a confidential manner. Agency staff ensured that the flow of interview traffic was never restricted and that the auditor was able to attend all requested inmate functions throughout the facility as needed. The auditor did not experience any significant barriers, at any stage of the audit, that were under the control of either the agency or the HRYCI. Accordingly, HRYCI has exceeded the provisions of this standard.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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

- 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.

Documents:

- DDOC PREA Webpage
- HRYCI Posted Audit Notice (English)
- HRYCI Posted Audit Notice (Spanish)

Interviews:

- Agency PREA Coordinator

Site Review Observations:

- Review of documentation available via the DDOC PREA website

Standard Subsections:

(F.) A review of the agency website reflects that the DDOC has published all final audit reports for prior audits completed during the last three years preceding this audit. The PREA Coordinator affirms that all facilities within the DDOC have been audited in accordance to schedule and their reports subsequently published on the agency's website as available.

Reasoning & Findings Statement:

The function of this standard is to promote transparency in government by ensuring that all facility audits are available for public review, by way of, for example, the agency's website. In this case, the DDOC does have an agency website and has made all facility PREA reports accessible by the public.

AUDITOR CERTIFICATION

I certify that:

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

Auditor 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.

Valerie Wolfe Mahfood

August 1, 2022

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.