

PREA AUDIT REPORT INTERIM FINAL

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Auditor Information			
Auditor name: Maggie Capel			
Address: P. O. Box 176, Fayetteville, AR 72701			
Email: maggie.capel@att.net			
Telephone number: 479-521-5142			
Date of facility visit: March 22, 2015			
Facility Information			
Facility name: Delores J. Baylor Correctional Institution			
Facility physical address: 660 Baylor Blvd. New Castle, DE 19720			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 302-877-3004			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Wendi Caple			
Number of staff assigned to the facility in the last 12 months: 207			
Designed facility capacity: 350			
Current population of facility: 389			
Facility security levels/inmate custody levels: Minimum, medium, maximum			
Age range of the population: 18 - 67			
Name of PREA Compliance Manager: Sonia Sessoms		Title:	Staff Lieutenant <input checked="" type="checkbox"/>
Email address: sonia.sessoms.state.de.us		Telephone number:	302-577-3004
Agency Information			
Name of agency: Delaware Department of Correction			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 245 McKee Road, Dover, DE 19904			
Mailing address: <i>(if different from above)</i>			
Telephone number: 302-739-5601			
Agency Chief Executive Officer			
Name: Robert Coupe		Title:	Commissioner
Email address: robert.coupe.state.de.us		Telephone number:	302-857-5389 <input checked="" type="checkbox"/>
Agency-Wide PREA Coordinator			
Name: Michael Records		Title:	PREA Coordinator
Email address: michael.records.state.de.us		Telephone number:	302-857-5389 <input checked="" type="checkbox"/>

AUDIT FINDINGS

NARRATIVE

NARRATIVE: This auditor was scheduled to conduct two audits of facilities within the Delaware Department of Correction. The auditor arrived early on March 22 and was able to tour the Delores Baylor facility. Auditors were also scheduled to conduct an ACA audit of the Central Office and another PREA audit. All auditors met with Robert Coupe, Commissioner, Michael Records, PREA Coordinator and several members of the executive management team for dinner. The auditors discussed the plans for the audit and answered questions regarding the audits.

The auditor received flash drives from each facility approximately one week prior to the audit. The auditor submitted requests for additional documentation for each facility prior to the audit. Interviews were conducted most of the day on March 23, 2015. The following day, the auditor conducted additional interviews and then met with the deputy warden, a trained PREA auditor assisting Mr. Records and the facility PREA manager to review each standard. The standards review continued into the next day. The auditor left the facility just after noon to begin an audit of the second facility. Baylor staff joined the auditor at the second facility on March 28 and March 29 to complete the review of the standards.

Michael Records and Deputy Warden Robert May provided additional information following the audit. Some revisions were made to the agency policies as suggested by this auditor and the second PREA auditor.

DESCRIPTION OF FACILITY CHARACTERISTICS

The BWCI is the only level V female facility in Delaware. There are seven (7) housing units. Two housing units house pre-trial detainees. The remaining five (5) housing areas house inmates with custody levels from minimum to maximum. Two of the housing units provide therapeutic treatment for inmates assigned to this living area.

An upgrade to the facility camera system was completed in 2013. There are cameras in all living areas, program areas, hallways, etc. Staff considered blind spots in determining camera placement.

Shifts are supervised by Correctional Captains or Lieutenants on all shifts. Although there are several open positions in the security area, posts are filled with the use of overtime and the "freezing" of posts. Freezing means the staff occupying a post must remain at the post until relief can be found.

SUMMARY OF AUDIT FINDINGS

This auditor finds the BWCI in compliance with all standards. Although there were 38 PREA allegations as determined on the preliminary review of an incident. Further review revealed many of these allegations were not related to PREA issues. The current electronic system does not allow for the PREA incident classification to be changed. In this auditors opinion the actual number of PREA related allegations was significantly lower than reported.

The auditor noted that the resident posters did not address confidentiality for the hotline calls. The posters for vgisitors did not provide clear contact information for 3rd parties to report sexual abuse or harassment. Both posters were changed immediately and sent to all facilities. The agency policies were changed to include:

- Assignment of staff to monitor retaliation

- Clear directions for staff in the event an offender is at substantial risk of imminent sexual abuse

- Modificationsto the policy as related to offenders with disabilities

- Changes to the screening process for employees, volunteers, and contractors. These changes include development of a new form for documenting the contacts made with previous employers and criminal background checks.

- Several modifications were made to the grievance process as it relates to PREA.

The Deputy Warden, Robert May, is a certified PREA auditor and has worked diligently to bring this facility into compliance.

Number of standards exceeded:	0
Number of standards met:	41
Number of standards not met:	0
Number of standards not applicable:	2

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Delaware Department of Correction policy 8.60 mandates zero tolerance towards all forms of offender sexual abuse or harassment and provides definitions of prohibited behaviors. This policy also outlines the facility approach to preventing, detecting, and responding to such behaviors. The agency PREA Coordinator is Michael Records. Mr. Records reports to the Planning and Research Director, who reports to the Commissioner. The agency has designated PREA Compliance Managers at each facility. All PREA managers coordinate efforts through the agency PREA Coordinator. The agency PREA Coordinator has sufficient time and authority to oversee the agency efforts to comply with these standards.

Compliance was determined by a review of the agency PREA policy, agency organizational chart, interviews with the Commissioner, and PREA Coordinator.

115.12 Contracting with other entities for the confinement of inmates

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

The agency does not contract for the confinement of offenders. Baylor procedure 115.12 does require that any contracts for confinement of offenders will require the contractor to comply with the PREA standards. The facility PREA manager would monitor compliance.

115.13 Supervision and monitoring

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

The facility has identified specific critical posts. The facility fills critical posts at all times. The number of posts may vary depending upon institutional emergencies, facility activities, or unscheduled transports. In the event there are not adequate staff to cover a shift, staff are offered overtime to provide the needed coverage. If overtime staff cannot be assigned, staff from the previous shift will "freeze" (be required to work mandatory overtime) to cover the shift. The facility frequently utilizes overtime to staff these posts. An incident report is completed when staffing requires overtime or "freezing."

This auditor reviewed the staffing plan that shows the number of staff assigned to each post. This auditor recommended a revision to the staffing plan that considers leave, training and other factors when determining the number of staff required for the facility. Mr. Records indicated the agency would conduct a formal staffing

analysis and develop formal staffing plans for each facility within the agency.

There are no judicial findings of inadequacy, or findings of inadequacy from federal investigative agencies or internal or external oversight bodies. In 2011 the agency settled a lawsuit involving issues at BWCI. As part of this settlement, the facility agreed to implement changes consistent with the PREA standards.

When determining staffing, the facility administration considers the composition of the inmate population, bind spots within the facility, number, and placement of supervisory staff, program activities, and substantiated and unsubstantiated incidents of sexual abuse.

Supervisors from the rank of lieutenant and above conduct unannounced rounds regularly. These rounds are logged in the area logbooks. Staff is prohibited from alerting other staff of these rounds.

Compliance was determined by review of agency and facility policies, review of shift rosters, observation during the facility tour and interviews with the Warden, Deputy Warden, PREA Manager, and PREA Coordinator.

115.14 Youthful inmates

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

This standard is not applicable because the facility does not house youthful offenders.

115.15 Limits to cross-gender viewing and searches

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

DDOC policy 8.60 and facility policy 8.60 115.15 prohibit cross gender pat or strip searches, except in exigent circumstances. Program access or out of cell activities are not restricted, if female officers are not available to conduct searches. Any cross-gender searches are documented on an incident report form. The PREA Compliance Manager maintains a log and copies of these incidents. During this audit period, there has been no cross gender pat or strip searches. All staff was aware of the agency and facility policy regarding cross gender searches and confirmed there have been no cross gender searches during this audit period. This was also confirmed through interviews with inmates. Video cameras are strategically placed to protect inmates' right to privacy. Facility policy prohibits searching or examining a trans-gender or inter-sex inmate for the sole purpose to determine genital status.

Opposite gender staff is required to announce their presence when entering a housing unit. Facility policy also requires at least two staff members' presence before entering an offender's cell. Offenders are afforded privacy when toileting, showering and changing clothes.

The auditor reviewed the power point training for conducting cross gender searches. The training meets the requirements of this standard. This training educates staff about the prevalence of past sexual trauma for

female offenders and the importance of remaining professional to minimize re-traumatizing the offender.

Compliance with this standard was determined by observations on the facility tour, interviews with officers and inmates, review of agency and facility policies.

115.16 Inmates with disabilities and inmates who are limited English proficient

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

The agency contracts with Para-Plus Translations Inc. to provide interpretive services for non-English speaking offenders. The medical department has a contract with Deafinitions and Interpreting, LLC to provide services for hearing impaired inmates. The facility does not rely on inmate interpreters, readers, or assistants except where a delay in accessing an interpreter would compromise first responders, the investigation, or safety of the inmate. There have been no occasions in which inmate interpreters or readers have assisted in PREA related complaints. The inmate PREA video provides closed captioning for hearing impaired and a Spanish version for non-English speaking inmates. The inmate PREA handout is available in braille. During the audit period, there have been no incidents in which the facility used inmate interpreters. There were no disabled or non-English speaking inmates at the facility, at the time of the audit.

Compliance was determined by a review of the agency and facility policy, MOU for interpreter services, and interviews with staff.

115.17 Hiring and promotion decisions

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

The agency policy and Delaware Code Title 11, 6506, B. prohibits the hiring or promotion of employees or contractors who have engaged in sexual abuse in an institutional setting or been convicted of or civilly/administratively adjudicated for sexual activity in the community as outlined in this standard. Criminal background checks were completed for all employees and contract employees hired during the audit period. Criminal background checks are conducted annually.

The human resource department provides information of substantiated allegations of sexual abuse or harassment involving a former employee to institutional employers.

The internal affairs department conducts the criminal background check and contacts previous employers. There is no written procedure for the background checks and no mechanism to confirm to the auditor that previous employers were contacted. This was corrected by the agency. Procedures were developed and a form created which documents the background checks for applicants.

115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)

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

There has been no expansion or renovations to the facility during this audit period. In 2013, the video monitoring system throughout the facility was upgraded and expanded. The system clearly enhances the sexual safety of inmates.

115.21 Evidence protocol and forensic medical examinations

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

Administrative investigations are conducted by trained investigators within the facility or by internal affairs depending on the seriousness of the allegations. Any investigation that may involve criminal charges is forwarded to the Delaware State Police. If the evidence warrants criminal charges, the case is referred to the Attorney General.

Both facility and agency investigators have been trained in conducting sexual abuse investigations and the preservation of evidence. Interviews with investigators and review of training records reflected that investigators are well equipped to conduct these investigations.

SAFE/SANE trained nurses at Christina Hospital provide victims of sexual abuse forensic examinations. There is no cost to the victim for these services. At the request of the victim, rape crisis advocates are available to victims through Contact Lifeline. Advocates provide support services during the forensic exam and investigation and short-term services following the incident. Support services are also available within the facility through the mental health department and survivor support groups.

A review of the agency MOU with Contact Lifeline and agency policies, as well as interviews with facility and internal affairs investigators, determined compliance with this standard.

115.22 Policies to ensure referrals of allegations for investigations

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

The facility has had 38 allegations of sexual abuse or harassment during the audit period. Two of these allegations were referred to the Delaware State Police for criminal investigation. One is still pending. All of these allegations were investigated in accordance with agency policy 8.35. This policy is available for review by the public on the agency website. After review of investigations and interviews with facility and internal affairs investigators, this auditor determined the agency was in full compliance with this standard.

115.31 Employee training

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

The agency has provided PREA training to all employees who have contact with offenders. This training is comprehensive and covers all of the requirements for this standard. Gender specific training is also provided for staff. A review of employee training records confirmed 100% of the available facility employees were provided training (excludes employees on extended leave, FMLA and the like). Employees receive annual refresher training through ILEARN. ILEARN is available through the agency share drive and provides on-line training for employees. At the completion of the training, each employee must pass a test, indicating understanding of the training. Changes to current policies related to PREA are also available to employees through the agency's share drive. New employees are provided pre-service PREA training at the training academy.

Interviews with employees and review of agency policy and training records determined compliance with this standard.

115.32 Volunteer and contractor training

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

In the past twelve months, there were ninety-four volunteers and contract employees who had contact with inmates. All of these individuals received PREA training. The level of training provided was determined by the service provided. Compliance with this standard was determined by a review of the agency policy, training curriculum, training records, and interviews with volunteers and contractors.

115.33 Inmate education

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

There were 2331 inmates received at the facility during the twelve months prior to the audit. All of these inmates received PREA information within 1 to 2 hours of their arrival. This included an explanation by the intake staff and a PREA handout. This information is available in Spanish, braille, and closed captioning. Treatment staff is available to assist with limited reading or comprehension skills. Inmates sign acknowledging receipt of this training. Information regarding the agency's zero tolerance policy and reporting mechanisms are posted in each housing area and throughout the facility.

The facility receives offenders committed to the Department of Correction and pre-sentence individuals. Many

of the pre-sentence individuals are in the facility for less than thirty days. The agency or facility was not able to provide the number of pre-sentence individuals received in the past twelve months. Without these figures, it was not possible to determine the number of individuals who remained in the facility thirty days or longer. The auditor was not able to assess the percentage of offenders who received comprehensive PREA training. Interviews with offenders and staff supported the facility assertion that all offenders received this training within 30 days.

115.34 Specialized training: Investigations

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

The agency and facility investigators complete administrative investigations. When the evidence suggests the matter may rise to the level of a criminal matter, the investigation is referred to the Delaware State Police. The agency and facility investigators have received training in conducting sexual abuse allegations in a correctional setting. This training includes interviewing techniques, Miranda and Garrity warnings, evidence collection, and the amount of evidence required for administrative or prosecution referral. The agency was able to provide documentation of this training. Interviews with investigators revealed they understand the training and apply the training to their handling of sexual abuse/harassment allegations.

115.35 Specialized training: Medical and mental health care

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

The agency has provided PREA training to all mental health and medical staff. In addition, these staff has received specialized training to assist in the detection and assessment of signs of sexual abuse and harassment, evidence preservation, response, and referral. This was supported by a review of the training records, interviews with mental health and medical staff and review of the training curriculum.

115.41 Screening for risk of victimization and abusiveness

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

All inmates are screened during the intake process for risk of sexual victimization or abusiveness. Inmates are screened within one to two hours of arrival. This was supported by a review of agency and facility policies, intake documentation, and interviews with staff and inmates.

There are two screening instruments utilized by the agency. The Quick Screen is used upon admission to make an initial assessment of victim or abuser potential. The agency has developed a Quick Screen for assessing potential victimization and another for potential abusiveness. The 21-Day/Periodic Sexual Victimization Assessment and/or the 21-Day/Periodic Sexual Aggressor Assessment is completed within 30

days of admission. Inmates assessed to be at risk are referred to the mental health department for assessment and services if indicated. If additional information is received, the inmate is reassessed.

Inmates are not disciplined for failure to disclose information requested as part of the assessment. This information is stored in the institutional record and is accessible to the facility's administration, PREA Manager, and treatment staff only.

Compliance with this standard was determined by review of the intake risk assessment screening tools and agency policy, interviews with staff, inmates, PREA Coordinator and PREA Manager.

115.42 Use of screening information

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

The information from the risk screening is considered when making individualized housing, work and program assignments. The electronic inmate data system referred to as DACS, prevents potential victims and abusers from housing in the same cell. The facility also ensures recreation time, shower times etc. do not coincide for victims or abusers.

The agency has not dedicated a housing area for transgender, homosexual, lesbian, bisexual or intersex inmates. These offenders are assigned housing, program, and work assignments according to their individual needs. The facility considers the opinion of the transgender inmate when making these placements. Transgender inmates are given the opportunity to shower and undress separately and are reassessed every six months.

A review of agency and facility policies, interviews with the staff who complete risk screening, inmates, and the PREA Compliance Manager, as well as, observations during the site visit, determined compliance for this standard.

115.43 Protective custody

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

Inmates at high risk of sexual victimization are housed in general population, whenever possible. Housing in involuntary segregation is only utilized as a last resort, to ensure the inmate's safety. A review of housing placement, agency and facility policies, interviews with staff and inmates supported this practice. If an inmate should be placed in segregation, they have access to education, some programming, and privileges. Placement in segregation will only continue until an alternative means of placement is arranged. Inmates will be reviewed every thirty days as required by this standard. There are proper procedures in place to address placement in segregation for sexual safety but there are no instances of such placement.

115.51 Inmate reporting

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

The agency provides several avenues for inmates to report sexual abuse, sexual harassment, or retaliation. Inmates may also report any neglect staff duties that led to an incident of sexual abuse or harassment. Inmates may report to any staff member, write the agency PREA Coordinator, or internal affairs, may file a grievance, or may report through a third party. Inmate interviews indicated inmates are aware of these options. The agency has also established an MOU with Contact Lifeline to provide a means to report outside of the agency. Inmates may dial the Contact Lifeline phone number, which is conspicuously posted in each housing area. The auditor tested the contact number during the audit and found inmates did not have to provide identifying information to make the call. Contact Lifeline staff will relay information for the inmate to the PREA Coordinator. During the audit, the auditor observed Contact Lifeline contact the PREA Coordinator and observed an immediate response on their part.

Interviews with staff revealed staff are well aware of the inmate reporting procedures. Staff is provided a confidential reporting mechanism through the DACS system. A staff member may write an incident report and mark the report confidential. The recipient may only read this report.

115.52 Exhaustion of administrative remedies

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

Inmates may utilize the established grievance procedure for reporting sexual abuse or sexual harassment. These reports do not require informal resolution. All PREA related grievance are marked as such and handled in the same manner as emergency grievances. PREA related grievances require an immediate investigation. There are no time limits imposed for these complaints. Inmates are not required to submit these grievances to the subject of the complaint and those named in the complaint will not be involved in the investigation or resolution of the grievance. A third party complaint filed on behalf of the inmate will be accepted and processed if the alleged victim agrees to the filing of the complaint. These grievances are typically resolved well within the 90-day time limit. Agency policy does state a final determination of these grievances will be completed within 90 days. The policy allows for a one-time 70-day extension and the inmate is notified in writing of the extension. During the audit period, there have been no PREA related grievances filed at this facility.

Any grievance filed which alleges imminent risk of sexual assault is immediately forwarded to the shift commander or facility administration for immediate action to ensure the safety of the inmate. All staff interviewed was aware of the need to take immediate action.

A review of agency policies, interviews with staff and inmates, a review of the grievance process, and observations on the site visit determined compliance with this standard.

115.53 Inmate access to outside confidential support services

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

The agency has established an MOU with Contact Lifeline to provide a toll free hotline and support services for inmates. The auditor reviewed this MOU and called the hot line number through a phone in the housing area. The call was answered promptly and the caller was not required to give any identifying information to place the call. A PREA poster, available in each housing area, notifies inmates of the limits of confidentiality pertaining to hot line calls. Interviews with inmates indicated they were aware of this service and aware of the support services available to them within the facility and upon release.

The non-profit counseling group, S.O.A.R. (Survivors of Abuse in Recovery) provides professional counseling services for inmates who have suffered sexual abuse

115.54 Third-party reporting

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

Third party reports are accepted by the agency and all reports are investigated. Reporting information is available through posters in the lobby and visitation area and on the website. Compliance with this standard was determined by a review of agency policy, observations on the facility tour, and review of the agency's public website.

115.61 Staff and agency reporting duties

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

The agency policy requires all staff to report immediately any information regarding sexual abuse or sexual harassment. Staff is also required to report incidents of retaliation for reporting or staff neglect of duties that may have contributed to the incident. A random sampling of staff revealed staff are aware of their responsibilities in this regard and are aware of the importance of maintaining confidentiality of sexual abuse/harassment reports. Medical and mental health staff interviewed was also aware of their reporting duties. All reports of sexual abuse or sexual harassment are reported to the facility investigators and/or internal affairs investigators. A review of agency policy, and interviews with investigators, and staff determined compliance with this standard.

115.62 Agency protection duties

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

The agency policy requires immediate action if it is determined that an inmate is at imminent risk of sexual abuse. All staff interviewed was aware of this requirement and understood the importance of this action. Compliance was determined by review of agency policy and interviews with staff, the Agency Head, and warden.

115.63 Reporting to other confinement facilities

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

If an inmate alleges they were the victim of sexual abuse at another institution, agency policies requires the facility head to notify the facility head of the institution in which the alleged abuse occurred and to document these reports. Facility policy requires this notification to be made within 72 hours. There were no such allegations received at this facility during this audit period. Agency policies address this requirement and interviews with staff reveal they are aware of this requirement.

115.64 Staff first responder duties

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

The agency PREA policy thoroughly addresses first responder duties. All staff interviewed was aware of these duties and were able to cite the steps to be taken in the event they received an allegation of sexual abuse. There was one incident in which staff received a report within a period that allowed for the collection of evidence. A review of this report indicated staff responded appropriately. There were 38 allegations of sexual abuse. If the victim and alleged abuser were identified, the alleged victim and alleged abuser were separated. The first responder was a non-security staff member, in three of these incidents. The staff member responded appropriately.

115.65 Coordinated response

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

The facility has a SART (Sexual Abuse Response Team) policy that outlines the facility's plan to coordinate actions with first responders, medical and mental health staff, facility administrators and investigators, in the event of an incident of sexual abuse. A review of this policy as well as staff interviews determined compliance with this standard.

115.66 Preservation of ability to protect inmates from contact with abusers

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

The facility has three collective bargaining agreements: F.O.P. for probation and parole officers, C.O.A.D. for Correctional Officers through the rank of Sergeant, Local 247 for Lieutenants and Captains. None of these agreements limit the agency from removing alleged staff sexual abusers from contact with inmates pending the outcome of the investigation or of a determination of whether and to what extent disciplinary sanctions are warranted. Copies of these agreements were provided to this auditor for review.

115.67 Agency protection against retaliation

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

The agency policy states that action will be taken to protect inmates or staff from retaliation for reporting sexual abuse or cooperating with an investigation. The Bureau of Prisons policy outlines multiple measures for protecting inmate victims from retaliation. These options include housing changes, transfer of the victim or the abuser, removal of alleged staff or inmate abusers from contact with victims and emotional support services for staff or inmates. The SART policy designates the facility's PREA compliance manager as the staff member responsible for monitoring retaliation. The PREA manager will monitor the inmate or staff for a minimum of 90 days but will continue to monitor beyond the 90-day period if necessary.

Compliance with this standard was determined by review of agency policies, SART policy, and staff interviews.

115.68 Post-allegation protective custody

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

The agency policy prohibits the placement of inmates who have suffered sexual abuse, in involuntary segregation unless all other alternatives have been explored. Staff is aware of these requirements as evidenced through staff interviews. A review of segregation logs indicated the facility was in full compliance with this standard.

115.71 Criminal and administrative agency investigations

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

The agency PREA policy requires that allegations of sexual abuse or harassment are promptly forwarded to the investigator. Investigators initiate investigations for all allegations to include anonymous and third party. There are three trained investigators at the facility and all have received specialized training in conducting sexual abuse investigations in a correctional setting. This training included interviewing techniques and evidence collection.

If the evidence suggests criminal activity, the matter is referred to internal affairs. Internal affairs will refer the case to the Delaware State Police. Facility investigators generally are not involved in DNA collection at the crime scene. Facility investigators assist by reviewing and gathering electronic evidence, logs, reports, and the like. Facility investigators conduct most inmate-on-inmate allegations. Staff-on-inmate allegations are usually referred to internal affairs. Inmates are not required to take a polygraph to determine truthfulness. Staff conduct is considered during investigations to determine if staff action or inaction contributed to the incident. The Delaware State Police conduct criminal investigation. If the case has enough evidence to warrant prosecution, it is referred to the Attorney General office for review and handling. The Delaware State Police provide a copy of their completed investigations to the facility. The PREA manager is charged with monitoring the status of all cases referred to the Delaware State Police.

There is currently one case still under investigation. The facility policies require written reports for administrative and criminal investigations will be retained for five additional years after an abuser is no longer incarcerated or no longer employed by the agency. Interviews with investigators, review of agency and facility policies and completed investigations determined compliance with this standard.

115.72 Evidentiary standard for administrative hearings

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

All investigators interviewed had received training in the standard of evidence required for administrative investigations. Investigators understood that administrative investigations required only a preponderance of the evidence to determine the allegations are substantiated.

A review of agency and facility policies and interviews with investigators determined compliance with this standard.

115.73 Reporting to inmates

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

There were 38 administrative or criminal investigations in the past 12 months. For each investigation, in which an alleged victim was identified, the inmate received a notification of the outcome of the investigation.

Compliance was determined by review of facility and agency policies and staff interviews.

115.76 Disciplinary sanctions for staff

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

The agency PREA policy outlines disciplinary sanctions for staff violations of policies related to sexual abuse or harassment that includes termination. During the 12-month period, there have been no instances of staff disciplinary actions for these types of violations.

115.77 Corrective action for contractors and volunteers

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

The agency PREA policy requires that any volunteer or contractor who engages in sexual abuse with an inmate will be prohibited from contact with inmates and will be reported to the Delaware State Police. There was one such incident during the past twelve months. This incident was reported as required and appropriate remedial measures were taken.

115.78 Disciplinary sanctions for inmates

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

The agency prohibits all sexual contact between inmates. The activity is considered sexual abuse if it is forced or coerced.

Inmates are subject to disciplinary sanctions if it is determined through administrative investigations and the formal disciplinary process that the inmate engaged in inmate on inmate sexual abuse. Sanctions are determined after consideration for the circumstances and nature of the abuse, disciplinary history, and contributing factors such as mental illness or disability. Inmates are not disciplined for sexual contact with staff unless the staff member did not consent to the contact. If an administrative investigation does not substantiate an allegation of sexual abuse, the inmate who made the report is not disciplined, if the inmate had a reasonable belief that the abuse occurred. During the past 12 months, there were of incidents of substantiated inmate on inmate sexual abuse.

The facility offers treatment for abusers through a program entitled Transitions. The Transitions program is provided by Connections, a contracted mental health counseling service. The facility does consider making

completion of the program a requirement for sexual abusers.

Compliance was determined by review of agency policies, disciplinary procedures, and interviews with staff.

115.81 Medical and mental health screenings; history of sexual abuse

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

The mental health staff provides follow-up services for all inmates who disclose prior victimization during the screening process. Documentation to support follow-up services is maintained in IChart, the electronic medical record that is part of the DACS electronic database. Staff also provided follow-up services for inmates who perpetrated sexual abuse. Inmates are seen within the 14-day window required by this standard. Access to this information is restricted to medical and mental health staff, and the facility warden, deputy warden and PREA manager. Mental health staff obtains informed consent from the inmate before reporting prior victimization that did not occur in an institutional setting. A review of medical and mental health records, interviews with staff determined compliance with this standard.

115.82 Access to emergency medical and mental health services

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

Inmates who are victims of sexual abuse receive prompt, access to medical treatment and crisis intervention services. The medical and mental health staff determines the type of services and nature of the services, according to their professional judgment. Staff interviewed during the site visit is aware of their responsibility to separate and protect the victim. Medical and mental health staff is on-call after hours to respond to these emergencies. Where appropriate, emergency contraception and sexually transmitted infection prophylaxis are provided to inmates. The victim is provided services at no cost even if the abuser is not named or the victim chooses not to participate with the investigation. The auditor reviewed the agency's health policy B-05, interviewed inmates who reported a sexual abuse, mental health and medical staff, and first responders in determining compliance with this standard.

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

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

The facility provides medical and mental health evaluations for victims of sexual abuse in an institution. Treatment is also provided and includes treatment plans, follow-up services, and referrals upon release. The facility provides a specialized group for victims of sexual abuse at the facility, through the mental health contract. The level of care meets or exceeds the services available to the community. Medical staff stated pregnancy related medical services are offered should a victim become pregnant. Victims of sexual abuse are tested for sexually transmitted infections. All of the above services are provided to victims at no cost and are

not dependent on the victim's willingness to disclose names or to participate with the investigation.

Compliance was determined by review of the agency medical policies, interviews with inmates, and medical and mental health staff.

115.86 Sexual abuse incident reviews

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

The facility conducts sexual abuse incident reviews within 30 days of the conclusion of the investigation. These reviews consider all of the requirements of this standard. The review team consists of the agency PREA Coordinator, deputy warden, a representative from the mental health and medical departments, and the facility PREA manager. Reviews are documented on the critical incident review forms as well as corrective action taken because of the review. A review of the agency policy and interviews with members of the incident review team determined compliance with this standard.

115.87 Data collection

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

The agency collects data for every allegations of sexual abuse. This information was used to complete the Department of Justice Survey of Sexual Violence in August 2012. The agency began aggregating this information annually in 2012. This information is available on the website. The 2014 data will soon be made public on the website but was not available for this audit. This information is stored in the DACS system and is stored in investigation files.

115.88 Data review for corrective action

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

The agency policy DDOC 8.6 specifies that data is collected and aggregated annually to assist in improving the effectiveness of the agency's ability to assess, detect, and respond to sexual abuse in agency facilities. This auditor reviewed the 2012 and 2013 reports available on the website. The 2014 report was not available at the time of this audit.

115.89

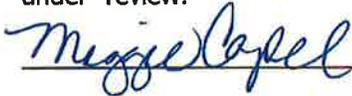
Data storage, publication, and destruction

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

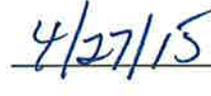
The data is collected through information securely and permanently stored in the DACS system. The annual report is available to the public through the agency website. Identifying information is not included in the report.

AUDITOR CERTIFICATION:

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

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Auditor Signature

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Date

