PREA AUDIT REPORT ☐ Interim X Final

COMMUNITY CONFINEMENT FACILITIES

Date of report: August 24, 2015

Auditor Information			
Auditor name: Barbara King			
Address: 1145 Eastland Ave, Akron, Ohio 44305			
Email: Barbannkam@aol.com			
Telephone number: 330 618-7456			
Date of facility visit: July 20-22, 2015			
Facility Information			
Facility name: Plummer Community Correction Center			
Facility physical address: 38 Todds Lane, Wilmington, Delaware 19802			
Facility mailing address: *(if different from above)*			
Facility telephone number: (302) 761-2800			
The facility is:	☐ Federal	☒ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☐ Private not for profit		
Facility type:	☐ Community treatment center ☐ Halfway house ☐ Alcohol or drug rehabilitation center	☒ Community-based confinement facility ☐ Mental health facility ☐ Other	
Name of facility's Chief Executive Officer: Carole Evans, Warden			
Number of staff assigned to the facility in the last 12 months: 52			
Designed facility capacity: 246			
Current population of facility: 186			
Facility security levels/inmate custody levels: Level 4 and Level 5 – Community Corrections (Minimum)			
Age range of the population: 21 -71			
Name of PREA Compliance Manager: Roberta Wright	**Title:** Correctional Staff Lieutenant		
Email address: Roberta.Wright@state.de.us	**Telephone number:** (302) 995-6120		
Agency Information			
Name of agency: Delaware Department of Correction			
Governing authority or parent agency: *(if applicable)* State of Delaware			
Physical address: 245 McKee Road, Dover, DE 19901			
Mailing address: *(if different from above)* N/A			
Telephone number: (302) 739-5601			
Agency Chief Executive Officer			
Name: Robert Coupe	**Title:** Commissioner		
Email address: rob.coupe@state.de.us	**Telephone number:** (302) 857-5389		
Agency-Wide PREA Coordinator			
Name: Michael Records	**Title:** Planner V and PREA Coordinator		
Email address: Michael.records@state.de.us	**Telephone number:** (302) 857-5389		

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Plummer Community Correction center was conducted on July 20-22, 2015 by Auditor Barbara King. A week prior to the audit, the auditor received the PREA Pre-Audit Questionnaire and documents on a thumb drive provided by the agency. The lead auditor communicated with the agency's PREA Coordinator Mr. Michael Records requesting further documentation for clarification and review. Additional information was provided through email prior to the audit visit. Further information requested would be provided the night prior to the audit on site and during the audit. A tentative schedule was set for the visit with agency's PREA Coordinator Mr. Michael Records and Warden Carole Evans for the audit timeframe.

The night before the audit, the auditor met with agency's PREA Coordinator Mr. Michael Records, Bureau Chief of Prisons Christopher Klein, and Bureau Chief of Community Corrections Alan Grinsted. Warden Evans delivered the requested information to the auditor to be used to identify offenders and staff to be interviewed (random and specific category) including a population report, a list of all offenders housed at the facility, lists of staff by duty position and shifts, lists of offenders for specific categories to be interviewed, a list of staff who perform risk assessments, and a list of volunteers. Additional information in the packet included complete copies of the Prison Rape Elimination Act policies for the agency and facility, Sexual Abuse Response Plan, and PREA case summaries.

Key staff interaction during the audit included facility staff Warden Carol Evans; Michael Cocuzza, Deputy Warden; Wayne Wilson, Deputy Warden; Lt. Roberta Wright, PREA Manager/ PREA Investigator; and agency PREA Coordinator Michael Records.

The audit began with an entrance meeting with the Warden and PREA Manager Lt. Wright. A facility tour was completed with the Warden and staff. After the tour, the auditor began interviewing offenders. All required facility staff and offender interviews were conducted on-site during the three day audit. The random interviewees were selected by the auditor from the list of offenders and staff provided by the facility. The random offender interviews were completed with a minimum of one offender from each housing area. Offenders who were identified as being in a designated group (e.g., disabled, limited English speaking ability, LGBTI, or who reported a sexual abuse) were interviewed. Additionally, specialized staff was interviewed including the Warden, PREA Manager, Investigator, first responders, health care staff, mental health staff, agency contract administrator, agency's PREA Coordinator, and agency's Human Resources staff. The Plummer and Webb Centers operate under the same table of organization. Administrative and supervisory staff are shared between the two facilities. The line staff can be assigned to either facility. However, must posts within a facility remain consistent for that facility's shift roster. The number of staff interviews reflects all staff interviews, specific facility line staff were interviewed for the operations of each facility. Forty-five (45) facility and three (3) agency staff interviews were conducted; and review of the Commissioner Robert Coupe's agency head interview conducted previously by another PREA auditor. The offender population the first day of the audit was 165 offenders. A total of 20 offenders were interviewed.

There were five (5) PREA allegations in the past twelve months. Three (3) were alleged staff on offender sexual misconduct; one (1) was alleged staff on offender sexual harassment; and one (1) offender sexual misconduct. All allegations were investigations and determined to be unfounded.

An exit meeting was conducted by Auditor Ms. King at the completion of the on-site audit with Warden Evans and PREA Manager Lt. Wright. While the auditor could not give the facility a final finding, the auditor did provide a preliminary status of the findings. The auditor thanked the Delaware Department of Correction, Warden Evans, Lt. Wright, the Plummer Center staff, and PREA Coordinator Mr. Records for their hard work and commitment to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Mission of the Delaware Department of Correction (DDOC) is to "Protect the public by supervising adult offenders through safe and humane services, programs, and facilities."."

The stated mission of the Bureau of Community Custody and Supervision is "To promote public safety through the effective supervision of offenders placed under community supervision, SENTAC Levels 1 – IV; to provide supervision, programs and treatment services that promote long-term, self-sufficient, law abiding behavior by offenders; and to support efforts that make victims whole in accordance with Delaware Law."

The Plummer Community Correction Center (PCCO) is a male work release facility located within the City of Wilmington, Delaware. The facility has a design capacity of 246 with 222 beds allocated to traditional work release and another 24 beds for Level V classified offenders. The facility consists of eight buildings with four designated housing units. The largest building contains administrative offices on the second floor and the Herron Housing unit. This housing unit has two floors, the first floor has eleven rooms with six beds per room and the second floor has thirteen rooms with six beds per room, for a housing total of 144 beds. This building also contains food service, intake, visitation, programming areas, and shift control center. The Todds Lane housing unit contains six rooms; one room with twelve beds and three other rooms with six beds for a total of 30 beds. The Middle housing unit contains five rooms; one room with six beds and four rooms with ten beds, for a total of 46 beds. The Cook Building is the housing unit for the Level V offenders that are the offender workers for the facility. This building contains five rooms; here rooms with four beds and two rooms with six beds, for a total of 26 beds.

The Unit is managed by a Warden and two Deputy Wardens. The administrative staff also manages Webb Community Correction Center and Hazel D. Plant Treatment Facility.

SUMMARY OF AUDIT FINDINGS:

On July 20-22, 2015, a site visit was completed at the Plummer Community Correction Center. The final report was provided on August 24, 2015. The results of the Plummer Community Correction Center PREA audit are listed below:

Number of standards exceeded: 3
Number of standards met: 36
Number of standards not met: 0
Non-applicable: 0

Standard 115.211 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The Delaware Department of Corrections has a written policy, Prison Rape Elimination Act Policy 8.60, mandating zero tolerance towards all forms of sexual abuse and sexual harassment. The agency's policy also outlines the agency's approach to preventing, detecting, and responding to sexual abuse and harassment. Through observation of bulletin boards, posters, handouts and materials, review of offender and staff handbooks, and interviews with staff and offenders it was apparent that the agency and the Plummer Center is committed to zero tolerance of sexual abuse and sexual harassment.

Mr. Michael Records is the agency's PREA Coordinator. The agency organizational chart indicates the PREA Coordinator reports to the Planning and Research Chief, who reports to the Commissioner. Mr. Records indicated he does have direct access to the Commissioner. In his position, he has the authority to develop, oversee, and implement the agency's compliance with the PREA standards. His office provides direction, training and guidance to the agency's facilities for compliance with PREA standards. Agency updates and changes are forwarded from this office to the facilities. He is knowledgeable of the PREA standards and is a Certified PREA auditor.

Each facility assigns one staff member as the facility's PREA Compliance Manager with the overall responsibility of coordinating the facility's efforts to comply with PREA standards. Lieutenant Wright is the Plummer Center's PREA Compliance Manager. She is responsible for the oversight of the PREA compliance for the facility. She was very knowledgeable of the PREA standards and was actively involved in the PREA activities. Lieutenant Wright also claimed during the interview process that she and her office had enough time to perform the PREA duties for the facility.

Standard 115.212 Contracting with Other Entities for the Confinement of Residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The Delaware Department of Corrections has entered into a contract with Connections Community Support Programs Inc for a residential program to provide substance abuse services for pregnant women offenders beginning December 2014. The program is the New Expectations Program an Alternative to Incarceration for Pregnant Women Offenders. New Expectations is a specially designed Level 3 intensive treatment program to include GPS monitoring for seventeen (17) women who are actively using illicit drugs and are pregnant. The contract has language requiring the contractor to comply with the Prison Rape Elimination Act (PREA) Standards and report any offender sexual abuse or sexual harassment to the Delaware Department of Corrections in accordance with department policy. The program has a PREA audit scheduled for November 2015.

The contract language includes: "The vendor agrees to report allegations of sexual misconduct promptly, fully cooperate with investigation inquires and participate in training as directed by the Department of Correction, Employee Development Center, within thirty (30) days of entering into contract. The Vendor and vendor staff (including volunteers and subcontractors) agree to abide by Department of Correction Policy 8.60, Prison Rape

Elimination Act. The vendor must acknowledge that all allegations of staff sexual misconduct and/or harassment will be investigated and, if substantiated, will result in discipline up to and including termination. In addition, all substantiated cases will be referred to the Delaware Department of Justice for prosecution. Failure to report such misconduct, delays in reporting, or material omissions shall be grounds for termination. If the Department policy is modified, the Vendor will be notified and shall comply."

The contract includes language that states the department designated contract monitor will monitor the facility to ensure compliance with the PREA standards. The monitoring checklist was provided by the PREA Coordinator, who will be responsible to complete the contract monitoring. A copy of the contract language and checklist was provided by Mr. Michael Records, PREA Coordinator.

Standard 115.213 Supervision and Monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 Plummer Center designed facility capacity is 244 offenders. The current population of the facility is 186. The facility has developed a staffing plan that is based on the criteria of the standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; and findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facilities physical plant (including "blind spots" or areas where staff or offenders may be isolated); the composition of offender population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable State, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. Based on the review of the staffing plan and interviews, the staffing plan was developed by the leadership of the Plummer Center and agency staff including input from the PREA Coordinator. The last staffing plan annual review was completed March 2015.

During this audit period, there have been no deviations from the staffing plan. The most common reasons for deviating from the staffing plan listed in the pre-questionnaire were staff call offs and vacancies. When a deviation would occur, the reason for the deviation is documented on the staff shift reports. Warden Evans indicated during her interview that the deviation reports are reviewed daily by the shift supervisors and spot checked by the Warden to ensure compliance with the staffing plan. In the event staffing is below minimum level, posts are filled through voluntary overtime or "freezing". Freezing is involuntary overtime, until additional staff can be assigned to relieve staff.

The facility has a video system/ camera expansion project scheduled to begin in August 2015. The project plan provided to the auditor for review shows an addition of about fifty-four (54) cameras. The expansion will replace the four digital video recorders with a single network video recorder that will cover the entire facility. This new system will also provide added digital high definition cameras to the current older analog cameras. The exterior pam, tilt zoom cameras will be replaced by interlaced 360 and 180 degree camera systems that view all areas of their field of view simultaneously thus removing blind spots created by the camera itself. Other changes include the addition of video analytics, interior non-interlaced 360 and 180 degree cameras and high definition cameras with infrared emitters for low light areas. The increase in camera coverage will include the maintenance area, Rhoades Building, Cook building, kitchen, the second floor administrative hallway, and exterior grounds.

Standard 115.215 Limits to Cross-Gender Viewing and Searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 Plummer Center does not conduct cross gender strip searches. This is documented through the review of the agency's and facility's policy and procedures governing offender searches and cross gender searches, interviews with staff and offenders, and observation of actual searches conducted during the audit. The policy does allow cross gender strip search only in emergency situations. When a cross gender search is performed, a report must be completed immediately and forwarded to the facility's PREA Manager for review and documentation purposes. There were no cross gender searches conducted or logged for exigent situations during this audit period. Body cavity searches are only completed by medically trained professionals. The policy also prohibits staff from searching or physically examining transgender and intersex offenders for the purpose of determining genitalia status. Interviews with staff confirmed these practices, as well as the review of the training lesson plans reinforcing these policies in the annual training. Other than annual training, this training is also part of the initial officer training and as a general refresher class for all staff in 2015. All staff received training in conducting pat down searches, cross gender pat down searches, searches of transgender and intersex offenders in a professional and respectful manner.

The policy and practice allow all offenders the opportunity to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. This was confirmed by interviews with offenders and staff. Offenders felt they received a sense of privacy for these functions.

Policy and procedures, Cross Gender Supervision 3.43 and Prison Rape Elimination Act Policy Number 8.60 require that staff of the opposite gender announce their presence when entering offender housing, this was observed during the audit. Female staff announce "female on floor'" when entering a housing unit or floor. The facility also announces over the public address system at each count time, "Please be aware, the Prison Rape Elimination Act requires us to inform you that cross gender viewing may occur, both male and female officers work at this facility and routinely work all housing units. Therefore, you should be aware to cover yourself appropriately at all times in accordance with institutional housing rules." Staff are also provided training on unannounced rounds to help assure compliance with the standard that limits cross gender viewing.

Standard 115.216 Residents with Disabilities and Residents who are Limited English Proficient

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 policy and procedures, Prison Rape Elimination Act 8.60, to provide disabled offenders 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. The agency has contracts in place for interpreter and translation services (All World Language Consultants Inc) and American Sign Language services (American Sign Language, Inc.). PREA handouts and the offender handbook are available both in English, Spanish, and Braille. The PREA posters are posted in English and Spanish throughout the facility. During the audit, three interviews were conducted with limited English proficiently offenders. Those offenders, as well as, offenders with hearing

disabilities and limited English proficiently interviewed during the facility tour all indicated they have received the PREA information and knew how to report if needed. During staff interviews, staff were knowledgeable of the procedures and the contracts in place for interpreter and translation services.

The agency policy prohibits the use of offender interpreters or other types of offender assistants except in limited circumstances where there may be delay in obtaining an effective interpreter and could compromise the offender. There were no instances were an offender interpreter was utilized during this audit period.

Standard 115.217 Hiring and Promotion Decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

During the on-site audit, the review of the agency's policy, Prison Rape Elimination Act 8.60, it was determined that the agency has established a system of conducting criminal background checks for new employees and contractors/volunteers who have contact with offenders to ensure they do not hire anyone who engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent. The policy indicated that background checks would be conducted on an annual basis for all agency employees. This would be completed by the six Internal Affairs Investigators and the Director completing two background checks every working day, with each staff member completing forty monthly. This is also a system in place, Delaware Criminal Justice Information System (DELJIS), which notifies the agency when employees are arrested or charged as long as the employee's fingerprints are in the system. The background checks for contractors and volunteers will be completed every two years during the process for issuing a new ID. The IDs expire every two years and a new one will only be issued after a background check is completed and approved. A random review of personnel files was conducted, as well as volunteer and contractor's files.

However, the policy and practice, did not address promotions. Upon review of the background checks on employees, background checks could not be verified for all employees. The current system had internal affair staff make a notation on an employee list when a background check was completed, however, no documentation is maintained to verify the background was completed. From the facility's employee list provided by internal affairs office, it indicated five employees did not have background checks completed. And since documentation is not maintained, a background check for those five employees could not be verified.

Within the thirty days following the audit, the agency has corrected the issues. The changes made in the agency's policy and practice concerning promotional decisions, background checks, and annual affirmative duty to disclose are in compliance with the PREA standard. The background checks have been completed on the five employees with verification provide to the Auditor. The change in the agency's policy and practice will requires the Internal Affairs to conduct criminal background checks on all department employees at least every five years. A copy of the most recent check will be retained by internal affairs. The DELIJIS system will continue to automatically generate an alert when an employee is arrested and forward the information to the Commissioner's office for action. The agency will also verify background checks are completed during the mock audit each calendar year. Language has been added to the policy to ensure the same measures used for new hires will be used for promotions. The agency has created a process during their annual in-service for employees to affirm they understand their obligation to disclose current and past sexual abuse or misconduct. The current form utilized during hiring for disclosure has been added to the annual training for staff. The staff member will confirm the statements before

completing the training. If they are unable to confirm the statements, they are required to report to their supervisor the reason. The training software will track the completion of the confirmation and training course. If the form is not confirmed and/or course not completed, the software will track and report. A copy of the lesson plan was provided to the Auditor.

Standard 115.218 Upgrades to Facilities and Technologies

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 need for expansion of the video system/ cameras was identified during the annual review of the staffing plan on March 2015. The facility has a video system/ camera expansion project scheduled to begin in August 2015. The project plan provided to the auditor for review shows an addition of about fifty-four (54) cameras. The expansion will replace the four digital video recorders with a single network video recorder that will cover the entire facility. This new system will also provide added digital high definition cameras to the current older analog cameras. The exterior pam, tilt zoom cameras will be replaced by interlaced 360 and 180 degree camera systems that view all areas of their field of view simultaneously thus removing blind spots created by the camera itself. Other changes include the addition of video analytics, interior non-interlaced 360 and 180 degree cameras and high definition cameras with infrared emitters for low light areas. The increase in camera coverage will include the maintenance area, Rhoades Building, Cook building, kitchen, the second floor administrative hallway, and exterior grounds.

Standard 115.221 Evidence Protocol and Forensic Medical Examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The Delaware Department of Correction and facility staff are responsible for the administrative investigations and the Delaware State Police conducts all criminal investigations. Both investigations start immediately following an allegation. The partnership between the agency and the Delaware State Police is stated in policy, Investigations Responsibilities and Assistance from the Delaware State Police 8.35. Policy and procedures and the Sexual Abuse Response Plan outline evidence protocols for administrative proceeding and criminal prosecutions; and requirements for forensic exams to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Abuse Assault Nurses (SANEs). Emergency medical healthcare along with forensic examinations by SANE/SAFE staff are provided at outside hospital facilities, with no cost to the offender. There were no forensic medical exams performed by SANE/SAFE staff during this audit period. The interview conducted with Plummer Center's PREA Investigator, Lt. Wright, confirmed the practices for PREA investigations and she was very knowledgably of the Sexual Abuse Response Plan steps.

The agency and facility has an agreement with Contact Lifeline for victim advocate services. The Contact Lifeline contract also outlines the services provided as: hospital accompaniment for an offender victim during the forensic medical examination process, in-hospital investigatory interviews, emotional support services, referrals to DDOC medical and mental health vendor staff, follow-up advocacy on request of the inmate victim, be available by telephone to provide advocacy when requested by an inmate victim, and serve as a third party agency for DDOC

inmate-victims to report allegations of sexual abuse. Offenders are able to contact the rape crisis center by calling *7732# (which is *PREA#) on the facility's phone system. Posters are posted throughout the facility with the information and phone number. If the rape crisis center is not available, a qualified mental health staff member from the facility will provide services.

Standard 115.222 Policies to Ensure Referrals of Allegations for Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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's policies and the Sexual Abuse Response Plan direct that all allegations of sexual abuse and sexual harassment be referred for investigation. The facility completes the administrative investigation and Delaware State Police completes the criminal investigation. The agency's policies, Investigations Responsibilities and Assistance from the Delaware State Police 8.35 and Prison Rape Elimination Act 8.60, describe the responsibilities of the agency and the Delaware State Police. The allegations are investigated and the findings reported. Documentation of the administrative investigation is maintained in the facility's PREA Manager's office. All referrals of allegations of sexual abuse or sexual harassment for criminal investigations are also documented with the agency's Delaware Automatic Corrections System (DACS) incident report system and the Law Enforcement Investigation Support System (LEISS). The Delaware State Police investigations are maintained in their office and outcomes are shared with the agency and facility. An interview was conducted with Plummer Center's PREA Investigator, Lt. Wright. In this interview, the investigator demonstrated the knowledge of her responsibilities and the responsibilities of the Delaware State Police. The roles and responsibilities of each agency was clearly defined and understood. The agency's policy is available on the agency's website.

There were five (5) allegations of sexual abuse and harassment in the past twelve months. The five (5) allegations resulted in administrative investigation and none were referred for criminal investigation. An administrative investigation was completed on all allegations of sexual abuse and sexual harassment. All allegations were determined to be unfounded.

Standard 115.231 Employee Training

X Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The Delaware Department of Correction conducts PREA training as part of the initial new employee training, during annual in-service training, and provides refresher topics as needed. Training records, staff interviews, and review of curriculums indicated the training included the zero tolerance policy; the agency's policy and procedures for prevention; reporting and response to a sexual assault or sexual harassment incident; the dynamics of sexual abuse and harassment in a confinement setting; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The training also includes a PREA video. The training records indicated all staff at the Plummer Center had received the training.

The agency's policy requires staff to complete the training annually as a refresher instead of the every two years as required by the standard. New employees receive the training as part of the new employee training. Training is documented through the test score of the employee for each topic/class. The employee must pass the test of the course to be credited for the training. All staff received Cross Gender Supervision Training during their initial training and during annual training. An update refresher computer course was conducted in February/March of 2015 for all employees. The agency exceeds the requirement of the standard by conducting annual training instead of every two years, conducting refresher courses as needed or as policy changes occur, and conducts Cross Gender Supervision Training with all staff during initial new employee training and annual in-service with all staff. The staff are also required to pass a written test after each course to document their understanding of the training.

Interviews of random staff and general questions asked of staff during the tour clearly indicate each staff member is knowledgeable on how to perform their responsibilities in detention, reporting and responding to sexual abuse and sexual harassment.

Standard 115.232 Volunteer and Contractor Training

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 contractors and volunteers who have contact with offenders at the Plummer Center receive PREA training prior to assuming their responsibilities. Contractors are required to complete the same training as facility staff including new employee, annual training and refresher courses. The volunteer training includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, and response. The agency also has a PREA training video to help educate volunteers. Volunteers are provided a brochure, A Guide to the Prevention and Reporting of Sexual Abuse and Misconduct with Offenders, which outlines the PREA information. Training records were reviewed and the files demonstrated the contractors and volunteers received training and documented the understood the training through a written test. The volunteers and contractors demonstrated their knowledge of PREA, their responsibilities, and the agency's zero tolerance policy during their interviews.

Standard 115.233 Resident Education

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Upon intake into the agency, offenders are provided PREA information through a PREA pamphlet and offender rule book (both available in English and Spanish) that explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. Upon receiving offenders at the Plummer Center, the staff covers the PREA information with the offender during the risk assessment process which includes providing a PREA brochure and handbook. The information is available in English, Spanish, and Braille. If needed, translation services are available for other services including American Sign Language. All offenders that are received during the week attend an orientation class on Friday. During facility orientation, offenders receive PREA training through video and classroom information which expands on previous information provided in the handbook and pamphlet.

The resident is required to sign in at orientation to document their participation in the PREA training. A suggestion was made to the agency and facility to supplement the video with specific facility reporting information. The video provides general information, which is not specific to Delaware Department of Correction and Plummer Center. After the on-site audit, a separate power point presentation has been created by the agency and facility and was provided to the Auditor for review. This presentation will be shown during the orientation to supplement the video with specific agency information.

Random offenders interviewed and during discussion on the facility tour, offenders acknowledged they have received PREA information upon arrival at the facility and the information was reinforced during the orientation video. They were able to explain how to report an incident and were aware of the zero tolerance policy. The receiving process and orientation class were observed demonstrating the sharing of the PREA information with incoming offenders by staff. All offenders received, whether a transfer or new intake, are given the same information at intake and are required to attend the orientation training.

Standard 115.234 Specialized Training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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's policy, Prison Rape Elimination Act 8.60, reflects that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The training curriculum, Sex Crimes Investigation, includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. The facility's had four employees attend the general PREA training and the required training for investigators, including the Warden and the PREA Manager/Investigator. The specialty training was verified through the interview with the Warden and Investigator and a review of the training records.

Standard 115.235 Specialized Training: Medical and Mental Health Care

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 Plummer Center's medical and mental health staff are contractors of Connections Community Support Programs Inc. The agency's Prison Rape Elimination Act Policy 8.60 directs specialized PREA training and continuing education for all medical and mental health staff. The mental health and medical contract staff are required to complete the same training as facility staff including new employee, annual training, refresher courses, plus specialized medical and mental health training. The specialized training, Procedure in the Event of a Sexual Assault covers how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment. The training records for the medical and mental health staff demonstrated specialized and general PREA training was conducted. Interviews with the healthcare staff demonstrated they understood their roles and PREA requirements. The facility's healthcare practitioners do not conduct forensic medical exams. Emergency medical healthcare

along with forensic examinations by SANE/SAFE staff are provided at outside hospital facilities, with no cost to the offender.

Standard 115.241 Screening for Risk of Victimization and Abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 screening process for the risk of victimization and abusiveness is outlined in the agency's and facility's policy, Prison Rape Elimination Act 8.60. The auditor had the facility staff explain the assessment process from the receiving of the offender at the facility to the completion of the screening process. During the site visit, the auditor observed three intakes to review the interview process conducted by the counselors. The staff member begins the process by reviewing the incoming offender's information in the agency's computer data system. The screening process conforms to the PREA standard. The DOC Sexual Victimization/Abusiveness Quickscreen Tool includes questions regarding mental, physical, and developmental disabilities; age of the offender; physical build of the offender; whether the offender has been previously incarcerated; whether the offender's criminal history is exclusively nonviolent; whether the offender has prior convictions against an adult or child; whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether or not the offender has previously experienced sexual victimization; and the offender's own perception of vulnerability. The forms are completed on the day of receiving and policy requires the screening should occur within 24 hours, but no longer than 72 hours from arrival.

The offender is reassessed using the agency's more detailed Sexual Victimization/Abusiveness screening tool within thirty (30) days of the offenders arrival at the facility, per policy Prison Rape Elimination Act Policy 8.60. The reassessment is conducted by the counselors. The agency's policy also addresses the reassessment of offenders risk level when warranted by a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization. In the past twelve months, 710 inmates were reassessed. A review of ten (10) offender files verified that the reassessment process was being completed within the time frame. Through policy review and confirmed during staff interviews, offenders may not be disciplined for refusing to answer or disclosing information during the risk assessment process. The staff interviews also confirmed appropriate controls have been implemented to ensure that sensitive information is not exploited by staff or other offenders. The screening tools are maintained in the offender's institutional file in the records department. Other than the records office staff, the only other staff with access is the Warden, Deputy Wardens and PREA Manager/Investigator. Information is shared with appropriate staff, (medical, mental health and supervisors), as needed to make housing, bed, work, education, program assignments, and mental health and medical referrals.

Standard 115.242 Use of Screening Information

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 uses the screening information to determine housing, bed, work, education, and program assignments

with the goal of keeping offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. When an offender is identified, the duty officer is notified to assist with housing placement. During the site visit, an auditor observed the risk assessment process during intake. The housing and program assignments are made on a case by case basis on whether a placement would ensure the offender's health and safety and whether the placement would present management or security issues. The facility may consider and facilitate an administrative transfer to another Level 4 facility for offender safety. Through offender and staff interviews, it was determined that the facility addresses the needs of the offender consistent with the security and safety of the individual offender.

There were two (2) offenders listed as a lesbian, gay, bi-sexual, transgender, or intersex offender. During interviews with the two (2) offenders, they indicated they had the opportunity to shower separately, were treated with respect, and were not housed in dedicated housing areas. The agency does not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status, per policies Prison Rape Elimination Act 8.60 and Treatment of Transgender Persons 11-E-14. By policy transgender and intersex offenders have the opportunity to shower separately.

Standard 115.251 Resident Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 established procedures allowing for multiple internal and external ways for offenders to report sexual abuse, sexual harassment, and retaliation. The agency/facility's policy, Prison Rape Elimination Act 8.60, outlines the reporting methods for staff and offenders. PREA reporting methods is shared with offenders at intake, during orientation, in the PREA brochure, and on posters throughout the facility. Offenders can report verbally, in writing to staff, report through the grievance system, third party reporting, and through the PREA phone hotline. Offenders may also report allegations in writing to the PREA Coordinator and/or Internal Affairs. The PREA hotline connects to an outside agency, Contact Lifeline, where offenders can make a report of sexual abuse or harassment outside the department/facility. The Contact Lifeline informs the PREA Coordinator of allegations made through the hotline. These reports may be made confidentially and remain anonymous upon request. The PREA Coordinator immediately forwards reports of sexual abuse and sexual harassment to the facility officials for investigation. These reporting systems were demonstrated through review of agency's policies and procedures, offender handbook, posters throughout the facility, and interviews with offenders and staff. During the offender interviews, most offenders indicated that they felt comfortable reporting sexual abuse or sexual harassment and they know the options available to them to report.

Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment. Staff was also knowledgeable on the ways offenders could report to staff and their responsibility in the process. They were aware they could privately report an incident through the PREA hotline and the DACS system. Through the DACS system, an incident report can be written and marked PREA Confidential. The incident report then is forwarded to the Warden and the PREA Investigator for review and action. They identified the PREA Coordinator and Internal Affairs as outside offices from the facility that they could make reports by phone or in writing. Per policy, Internal Affairs must keep a log of all calls to the Internal Affairs hotline. A copy of this log is provided to the facility's PREA Manager each month.

Standard 115.252 Exhaustion of Administrative Remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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's policy and procedure addressing offender grievances regarding sexual abuse and the filing of grievances when an offender is subject to a substantial risk of imminent sexual abuse complies with PREA standards. The offender handbook and facility policy, Prison Rape Elimination Act 8.60 outline the administrative grievance process. An offender can submit a PREA grievance into a locked grievance box that the Warden and Grievance Officer (Deputy Warden) only have access to retrieve the grievances. When a grievance is submitted regarding sexual abuse and/or sexual harassment, the grievance is removed from the administrative process and submitted to the PREA investigator to start an investigation immediately. Per policy, at no time will the PREA grievance be returned to the grievance officer for processing as a typical grievance compliant. The offender will be notified within 24 hours of filing is an emergency transfer or other emergent accommodations will be provided. The investigation will continue without delay until the report is determined to be substantiated, unsubstantiated, or unfounded. The agency's policy requires that a decision on the merits of any grievance alleging sexual abuse be made within ninety (90) days. The Warden or designee may extend the response time frame up to 70 days. If extended, the offender will be notified in writing of the extension and will include the date by which a decision will be made.

In the past twelve months, two (2) grievances were filed that alleged staff sexual misconduct. Both investigation files were reviewed. Both cases were determined to be unfounded. The auditor reviewed the two grievances and determined they were handled in a timely and proper manner. There were no extensions during this audit period.

Standard 115.253 Resident Access to Outside Confidential Support Services

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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's policy, Prison Rape Elimination Act 8.60, indicates that offenders shall be provided access to victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers, where available. The agency and facility has an agreement with Contact Lifeline for victim advocate services. Contact Lifeline contact also outlines the services provided as: hospital accompaniment for an offender victim during the forensic medical examination process, in-hospital investigatory interviews, emotional support services, referrals to DDOC medical and mental health vendor staff, follow-up advocacy on request of the inmate victim, be available by telephone to provide advocacy when requested by an inmate victim, and serve as a third party agency for DDOC inmate-victims to report allegations of sexual abuse. Offenders are able to contact the rape crisis center by calling *7732# (which is *PREA#) on the facility's phone system. Posters are posted throughout the facility with the information and phone number. The PREA brochure provides contact information including phone numbers and addresses for Contact Lifeline, Survivors of Abuse, and the National Rape Crisis Hotline.

Standard 115.254 Third-Party Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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's provides information for third party reporting of sexual abuse and sexual harassment on the website and posters posted in the lobby and visitation areas. The link encourages family members and the general public to report allegations of sexual assault to the facility's administration or the agency's PREA Coordinator. The facility's address and the PREA Coordinator's address are available on the website for reporting. Third party reporting information is shared through the agency website, brochures, pamphlets, and handouts.

Standard 115.261 Staff and Agency Reporting Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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's policies, Prison Rape elimination Act 8.60 and the Sexual Abuse Response Plan, requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. It also states that staff are not to reveal any information related to a sexual abuse report to anyone other than extent necessary. This is covered in the annual in-service training for all staff. Employee Code of Conduct also references these requirements. Specialized and random staff interviews confirm that staff is knowledgeable in their reporting duties, the process of reporting, and to whom to report. The agency updated the policy to include that medical and mental health practitioner's requirement to report sexual abuse and to inform inmates of the practitioners' duty to report and the limitations of confidentiality, at the initiation of services.

Standard 115.262 Agency Protection Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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's policies, Prison Rape Elimination Act 8.60 and Sexual Abuse Response Plan, requires staff to take immediate action to protect any offender subject to substantial risk of sexual abuse. The Sexual Abuse Response Plan outlines the immediate action that is to be taken to protect offenders who are in substantial risk of sexual abuse by removing the offender immediately from the area to a safe location. All staff interviewed knew the steps to take to protect an offender at risk for sexual abuse. Line and supervisory staff work simultaneous to take protective measures as information is reported. The first responders interviewed outlined the process taken to ensure the safety of the offender. In the past twelve months, no offender reported feeling at imminent risk of sexual abuse or any staff reported that an offender was subject to substantial risk of imminent sexual abuse.

Standard 115.263 Reporting to Other Confinement Facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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's policy, Prison Rape Elimination Act 8.60, requires upon receiving an allegation that an offender was sexually abused while confined at another facility, that the Warden of the facility that received the offender must immediately notify the head of the facility where the sexual abuse is alleged to have occurred. Per policy, the notification is to be made through the DACS within 72 hours. Through interviews with the Warden, she indicated the notification would be immediately from the time the facility becomes aware of the incident. The documentation of notification is maintained within the DACS system. In the past twelve months, there were no allegations received that an offender was abused while confined at another facility or any notification of an allegation of sexual abuse reported at another facility.

Standard 115.264 Staff First Responder Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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's policy, Prison Rape Elimination Act 8.60 and Sexual Abuse Response Plan clearly specifies the detailed procedures for security and non-security staff when responding to an allegation of sexual abuse. The first security staff member to respond to the allegation is required to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence. The policy and response plan also outlines for staff to notify their direct supervisor and shift commander immediately. The shift commander will make further notifications to the Warden, PREA Investigator, Internal Affairs, Delaware State Police, and medical and mental health staff. Through interviews with the investigator, shift supervisors, first responders, and random staff it was demonstrated that staff was knowledgeable in the steps to take as a first responder. Annual in-service and refresher training also prepare staff to respond. In the past twelve months, there were no allegations that an offender was sexually abused.

Standard 115.265 Coordinated Response

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 a plan, Guidelines and Strategic Plan: Delaware Department of Correction Sexual Abuse Response Team (SART), which provides guidelines to provide a standardized structure and implementation of a Sexual Abuse Response Team throughout the department. The Plummer Center has a facility written institutional plan, Sexual Abuse Response Plan that coordinates actions taken in response to an incident of sexual abuse among first responders, medical and mental health practitioners, investigators, Delaware State Police, and facility leadership. A

checklist is utilized to ensure all process steps are completed and notifications are made. During staff interviews, each area detailed their responsibilities in their coordinated efforts during an incident. Interviews with the Warden and department heads indicated a commitment by the facility leadership for managing a coordinated response.

Standard 115.266 Preservation of Ability to Protect Residents from Contact with Abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The Delaware Department of Correction renewed a collective bargaining agreement that is in effect from July 2015 through June 2018. Contract language states "Notwithstanding any other provisions of this article, when an employee's continued presence in the workplace would jeopardize the safety and security interest of the State, any individual, or the public confidence, they may be reassigned or removed from the workplace immediately without loss of pay. Prior to removing without pay, or converting an employee from a suspension with pay to a suspension without pay, the State agrees to provide the employee and the Union with the basis for the action and an opportunity to respond." According to the interview with the Department's Commissioner, the agency is permitted to remove staff from the workplace during any criminal investigation or serious administrative investigation and place them on paid or unpaid suspension.

Standard 115.267 Agency Protection Against Retaliation

X 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's and facility's policy, Prison Rape Elimination Act 8.60, outlines protection of all offenders and staff who report sexual abuse or sexual harassment, cooperates with sexual abuse or sexual harassment investigations, and from retaliation by staff or offenders. Policy designates the PREA Compliance Manger (or as otherwise designated by the Warden) as the staff member to monitor retaliation. Warden Evans designated the PREA Manager/Investigator Lt Wright to monitor offenders and staff for retaliation. Lt. Wright completes at a minimum thirty (30) day reviews for retaliation. Upon review of the files, it was noted that the reviews occurred more frequently, in most cases weekly. She maintains a documentation form, Protection Against Retaliation, for each offender and staff member that is being monitored. The form covers the protective measures employed (housing unit changes, facility transfer, removal of alleged staff abuser from contact with victim, removal of alleged inmate abuser from contact with victim, and emotional support services offered to the inmate) and inmate reported concerns related to disciplinary reports, housing unit changes, program changes, and work reports/assignments. She also conducts on-going reviews of offender files for changes that may reflect retaliation concerns and talks with staff regarding offender's behavior. She is very knowledgeable of her responsibilities and the documentation was outstanding. There is a ninety (90) day monitoring time period for retaliation review, however the time frame can be extended if warranted. The agency's Employee Code of Conduct addresses unbecoming staff conduct, fraternizing and relationships with offenders, general rules of conduct, discrimination in the workplace, and the protection against retaliation.

Standard 115.271 Criminal and Administrative Agency Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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's and facility's policies, Prison Rape Elimination Act 8.60, Criminal and Administrative Investigations, Investigations Responsibilities and Assistance from the Delaware State Police 8.35, and Sexual Abuse Response Plan, addresses investigations under general considerations. The policies states that an uniform evidence protocol to investigate sexual abuse and sexual harassment will be followed; sexual investigations shall be conducted promptly, early, and objectively including third party and anonymous reports, and the use of investigators who have been specially trained in sexual abuse investigations. In the review of the training records, all staff conducting investigations have received special training in sexual abuse investigations. Based on the review of the investigations, the agency's policies, and interviews with facility staff, and PREA Investigator Lt. Wright, it was determined investigations into allegations of sexual abuse and sexual harassment are done promptly, thoroughly, and objectively for all allegations. When an allegation is reported, the PREA investigator begins an administrative investigation and the Delaware State Police begins a criminal investigation if warranted. There appears to be a good working relationship between the facility and Delaware State Police with open communication about the progress of the investigation and outcome. The PREA investigator will maintain in contact with the Delaware State Police and monitor the progress of a case. If Delaware State Police determines a crime has been committed, the case if referred for prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as offender or staff. Neither the agency nor the Delaware State Police require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Written reports are maintained as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

There were five (5) allegations in the audit period. All administrative investigation files were properly documented and organized with a final report indicating the outcome of the investigation and a thorough description of the physical, testimonial, and documentary evidence. All five cases were determined unfounded. None of the allegations warranted criminal investigations.

Standard 115.272 Evidentiary Standard for Administrative Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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's policy, Prison Rape Elimination Act 8.60, imposes a standard no higher than preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. The interviews with the investigator and staff confirm compliance with the policy and standard.

Standard 115.273 Reporting to Residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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's policy, Prison Rape Elimination Act 8.60, requires that all offenders who make allegations of sexual abuse shall be informed of the investigation outcome whether the finding was substantiated, unsubstantiated, or unfounded. Through a review of the investigations completed, interviews with the facility staff, and the notification forms, it demonstrated that offenders are informed of the outcome of the investigations. If the allegation of sexual abuse was by a staff member, the policy requires the offender be informed of the status of the staff member in writing to include whether the staff member is no longer posted within the offender's unit, the staff member is no longer employed at the facility or with DOC, when the agency's learns that the staff member has been indicated on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another offender, the facility informs the offender whether the alleged abuser has been indicated on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. The PREA Manger is responsible of notifying the offender in writing. Documentation of all notifications is maintained in a log and a copy of the written correspondence is maintained in the investigation file. This process was confirmed through staff interviews and reviews of the notifications in the case files.

Standard 115.276 Disciplinary Sanctions for Staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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's/facility's policy, Prison Rape Elimination Act 8.60 and the Employee Code of Conduct state that staff is subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. The policies also provide disciplinary sanctions for violations of the agency's policies relating to sexual abuse or sexual harassment 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. According to the interview with the Department's Commissioner, the agency is permitted to remove staff from the workplace during any criminal investigation or serious administrative investigation and place them on paid or unpaid suspension. In the past twelve months, there have been no terminations or discipline imposed on any staff member for sexual abuse or sexual harassment.

Standard 115.277 Corrective Action for Contractors and Volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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's policy, Prison Rape Elimination Act 8.60, prohibit contractors or volunteers who engaged in sexual

abuse to have contact with offenders and shall refer the case to the Delaware State Police for possible prosecution, unless the activity was clearly not criminal. The volunteer and/or contractor is also prohibited from further contact with offenders. This was supported by the volunteer and contractor training and orientation including the PREA training video. Interviews with contractors and volunteers confirmed they were aware of the policies and remedial measures taken for engaging in sexual abuse or sexual harassment of offenders. In the past twelve months, there have been no contractors or volunteers reported to law enforcement for engaging in sexual abuse of offenders.

Standard 115.278 Disciplinary Sanctions for Residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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's/facility's policy, Prison Rape Elimination Act 8.60 and Offender Handbook outline disciplinary sanctions for offenders for sexual abuse and sexual harassment. The offenders are subject to disciplinary sanctions following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse. In most cases the offender will be returned to a higher security and/or cited for Violation of Probation. The policy also states the disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories, and considers whether an offender's mental disabilities or mental illness contributed to his behavior. The offender handbook outlines the formal disciplinary process which is part of the weekly classification board meeting. The agency's policy prohibits all sexual activity between offenders and may process discipline on offenders, but will not consider it sexual abuse. The policy indicates an offender may be disciplined for sexual conduct with staff only upon a finding that the staff did not consent to such contact. The policy states an offender reporting a sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation for purposes of disciplinary action. In the past twelve months, there were no administrative findings of offender-offender sexual abuse.

Standard 115.282 Access to Emergency Medical and Mental Health Services

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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's policy, Prison Rape Elimination Act 8.60 state that offenders who are victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services from medical and mental health staff according to their professional judgment and consistent with Health Services Policy B-05, Procedure in the Event of a Sexual Abuse. This process was verified through incident reviews and interviews with medical and mental health staff. The offenders also receive timely information about sexually transmitted infections prophylaxis. Treatment services are provided to every victim without any financial costs. The Sexual Abuse Response Plan outlines the security staff first responder is to immediate notify medical and mental health.

Standard 115.283 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 Prison Rape Elimination Act Policy 8.60, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Policy 115.83, and Procedures in the Event of A Sexual Abuse B-05 outline the medical and mental treatment including evaluations, on-going care, and treatment to all offenders that have been victims and abusers. The services and treatment is at no costs to the offenders and are consistent with the community level of care. Per policy, offender victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The policy indicates that mental health staff will conduct a mental health evaluation to include suicide risk assessment of the victim and assess the need for crisis intervention counseling and long-term follow-up within two hours of notification. Mental health will also attempt to conduct a comprehensive mental health evaluation and suicide risk assessment of the alleged perpetrator with 72 hours of the event to assess the need for sexual abuse violence counseling. Interviews with medical and medical health staff and file reviews verify and document the process.

Standard 115.286 Sexual Abuse Incident Reviews

X 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's policy, Prison Rape Elimination Act 8.60 and the Sexual Abuse Response Plan direct that the Warden will ensure that a sexual abuse incident review team meets, within thirty (30) days of the investigation being completed, to discuss the case. The review will be completed for all substantiated, unsubstantiated, and unfounded cases. The review team shall include the Warden, facility PREA Manager, a facility or internal affairs investigator, medical and mental health administrators, the state-wide PREA Coordinator and other staff deemed appropriate by the facility. The review shall include: a review of the circumstances of the incident; the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with Agency policies and procedures; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affliction, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident alleged occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations for improvements based on the above assessments; and any other information important to the incident. This information is documented on the Sexual Assault/Critical Incident Review Form. The facility shall implement recommendations that result from the review, or document the reasons for not doing so. The policy states all substantiated and unsubstantiated cases will be reviewed on site at the facility where the incident occurred. The unfounded cases will be reviewed by the same review team, but may be reviewed remotely by electronic means. A review of the Sexual Assault/Critical Incident Review forms within the investigation files and interviews with the incident review team demonstrated the process. The facility exceeds the standard by reviewing all cases including unfounded, the extensive review team,

and the participation of the agency PREA Coordinator on all the reviews. Once the review is signed by the facility PREA Manager and Warden, then reviewed and signed by the agency PREA Coordinator, it is forwarded to the Bureau Chief for review. The agency PREA Coordinator would follow-up on all recommendations to ensure they are implemented.

Standard 115.287 Data Collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 collects accurate information and data regarding every allegation of sexual abuse at the facilities under its control through a standardized instrument and set of definitions. This information is automatically generated in the Delaware Automated Correctional System (DACS) upon completion of the PREA Incident Reports. The agency is able to obtain aggregated data as needed, and shall provide the information yearly to the United States Department of Justice. This information is incorporated into the Delaware Department of Correction PREA Annual Report. This process and documents were reviewed a part of the audit process.

Standard 115.288 Data review for corrective action

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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 collects accurate information and data regarding every allegation of sexual abuse at the facilities under its control through a standardized instrument and set of definitions. This information is automatically generated in the Delaware Automated Correctional System (DACS) upon completion of the PREA Incident Reports. The agency reviews the data from all facilities annually and compares this data year to year looking for trends and problem areas. Corrective actions are discussed at each institution during the Critical Incident Review and the information is forwarded to the Bureau Chief through the facility's Warden. The data from the DACS system is utilized to prepare the Annual PREA Report. The report provides data evaluation, policies and program changes, camera improvements, training, and statistical information for yearly comparisons. The agency and facility uses the report to improve the effectiveness of its sexual abuse prevention, detection, and training, including identifying problem areas, and taking corrective action on an ongoing basis. The policy indicates specific material that would present a clear threat to the safety and security of a facility will be redacted along with personal identifiers. Through interviews with the Warden, facility's PREA Manager, and the agency's PREA Coordinator and review of the facility's data reports, the facility's data collection process and correction actions are documented. The Annual PREA Report is approved by the Department's Commissioner and published on the Delaware Department of Correction website.

Standard 115.289 Data Storage, Publication, and Destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

X 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's Prison Rape Elimination Act 8.60 policy directs that the agency will maintain sexual abuse data collected for at least ten (10) years after the date of the initial collection unless Federal, State, or local law requires otherwise. The Annual PREA Report is approved by the Department's Commissioner and published on the Delaware Department of Correction website. The policy indicates specific material that would present a clear threat to the safety and security of a facility will be redacted along with personal identifiers. The Delaware Department of Corrections has entered into a contract with Connections Community Support Programs Inc for a residential program to provide substance abuse services for pregnant women offenders beginning December 2014. Contract language requires the agency to comply with the national standards under the Prison Rape Elimination Act and will provide all sexual abuse incident-based and aggregated data.

AUDITOR CERTIFICATION

I certify that:

X The contents of this report are accurate to the best of my knowledge.

X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

X 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.

Barbara King _____ August 24, 2015

Auditor Signature Date