PREA Facility Audit Report: Final

Name of Facility: The Residential Cottages
Facility Type: Juvenile
Date Interim Report Submitted: 04/02/2026
Date Final Report Submitted: 07/01/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Tammy A. Hardy-Kesler	**Date of Signature:** 07/01/2026

AUDITOR INFORMATION	
Auditor name:	Hardy-Kesler, Tammy
Email:	codyemomma@msn.com
Start Date of On-Site Audit:	02/16/2026
End Date of On-Site Audit:	02/19/2026

FACILITY INFORMATION	
Facility name:	The Residential Cottages
Facility physical address:	1825 Faulkland Road, Wilmington, Delaware - 19805
Facility mailing address:	

Primary Contact

Name:	Randy Hill-Haskins
Email Address:	Randy.Hill-Haskins@delaware.gov
Telephone Number:	(302) 256-1621

Superintendent/Director/Administrator	
Name:	Ian Smith
Email Address:	ian.smith@delaware.gov
Telephone Number:	(302) 993-4882

Facility PREA Compliance Manager	
Name:	Randy Hill-Haskins
Email Address:	randy.hill-haskins@delaware.gov
Telephone Number:	302-993-4855

Facility Health Service Administrator On-Site	
Name:	Sarah Ciano
Email Address:	sarah.ciano@delaware.gov
Telephone Number:	302-633-2622

Facility Characteristics	
Designed facility capacity:	29
Current population of facility:	7
Average daily population for the past 12 months:	16
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	13-18
Facility security levels/resident custody levels:	Level 4
Number of staff currently employed at the facility who may have contact with residents:	50
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	16
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	Delaware Division of Youth Rehabilitative Services
Governing authority or parent agency (if applicable):	Department of Children, Youth And Their Families
Physical Address:	1825 Faulkland Road , Wilmington , Delaware - 19805
Mailing Address:	
Telephone number:	3026332620

Agency Chief Executive Officer Information:	
Name:	Renee Ciconte
Email Address:	renee.ciconte@delaware.gov
Telephone Number:	302-633-2620

Agency-Wide PREA Coordinator Information			
Name:	Carrie Hyla	**Email Address:**	Carrie.Hyla@Delaware.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
1	• 115.312 - Contracting with other entities for the confinement of residents
Number of standards met:	
42	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-02-16
2. End date of the onsite portion of the audit:	2026-02-19

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Christiana Care Hospital Survivors of Abuse in Recovery (SOAR) Delaware State Police Just Detention International (JDI)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	29
15. Average daily population for the past 12 months:	16
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	13
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	11
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	During the first day of the onsite portion of the audit at the Residential Cottages, the auditor had no additional comments regarding the population characteristics of the residents.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	49
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	17
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	During the onsite portion of the audit at the Residential Cottages, the auditor had no additional comments regarding the population characteristics of the staff, contractors, or volunteers.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	13
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor interviewed all residents at the Residential Cottages to ensure that the interviews were geographically diverse.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor oversampled residents identified as receiving special education services. During interviews there were no residents that identified in other categories in the targeted population.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	11
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	11
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	11
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor interviewed all residents; there were no residents that were identified as blind or low vision. During interview with residents, the auditor inquired if they identified in any of the targeted populations.
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor interviewed all residents; there were no residents that were identified as deaf or hard of hearing. During interview with residents, the auditor inquired if they identified in any of the targeted populations.
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor interviewed all residents; there were no residents that were identified as limited English proficient. During interview with residents, the auditor inquired if they identified in any of the targeted populations.
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor interviewed all residents; there were no residents that were identified as lesbian, gay, or bisexual. During interview with residents, the auditor inquired if they identified in any of the targeted populations.
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor interviewed all residents; there were no residents that were identified as transgender or intersex. During interview with residents, the auditor inquired if they identified in any of the targeted populations.
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor interviewed all residents; there were no residents that disclosed being sexually abused while at facility. During interview with residents, the auditor inquired if they identified in any of the targeted populations.
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Auditor reviewed the risk screenings of residents; there were no residents that disclosed prior sexual victimization during the onsite audit.
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The Residential Cottages does not practice isolation, and there were no instances of residents being segregated for sexual victimization.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	All residents were interviewed.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

58. Enter the total number of RANDOM STAFF who were interviewed:	14
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor interviewed staff on all shifts.

Specialized Staff, Volunteers, and Contractor Interviews

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

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	24

63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☑ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☑ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☑ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☐ Religious ☑ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☑ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	There is no additional information regarding the selection or interviewing of specialized staff.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor was granted t access to all areas of the facility. The auditor observed facilities operations as well as tested critical functions including telephone and camera access. There were continuous informal conversations with both residents and staff by both the auditor and auditor's assistant.

Documentation Sampling

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

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Documentation was provided via the supplemental files. Auditor requested samples of files prior to onsite as well during onsite audit. Specifically, medical files were requested onsite for all residents at the facility during onsite audit.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	0	0	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	0	0

Sexual Harassment Investigation Outcomes

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

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

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

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	1	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	1

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	Auditor reviewed the allegation of sexual abuse investigative file and the two allegations of sexual harassment investigative files that occurred within the prior 12 months.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	(●) Yes ( ) No
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	2
AUDITING ARRANGEMENTS AND COMPENSATION	
108. Who paid you to conduct this audit?	(●) The audited facility or its parent agency ( ) My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ( ) A third-party auditing entity (e.g., accreditation body, consulting firm) ( ) Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13 (Effective 12/1/2025)(Revised 2/4/2025) 2. Youth Rehabilitative Services Director's Office Organizational Chart (Effective 08/01/2025) 3. Residential Cottages Organizational Chart (2025)(revision 2026) 4. State of Delaware Employee Performance Plan PREA Coordinator Section I. B-C (pages 1-2), (2/17/2025) 5. State of Delaware Employee Performance Review PREA Compliance Manager III.(page 1) 6. Residential Cottages Organizational Chart 7. Pre-Audit Questionnaire (PAQ) Interviews:

1. PREA coordinator
2. PREA compliance manager

Site Review Observations:

1. Observation of the PREA coordinator and PREA compliance manager performing duties onsite.

Findings (by Provision):

115.311 (a) 1-5:

According to the pre-audit questionnaire (PAQ), DYRS responded that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The agency has a written policy mandating zero-tolerance against all forms of sexual abuse and sexual harassment. Agency Policy 2.13 Division of Youth Rehabilitative Services (DYRS) Prison Rape Elimination Act, section II titled Policy, states that DYRS has a zero tolerance for any incidence of sexual activity with youth in secure care. DYRS commits to full compliance with the Prison Rape Elimination Act (PREA). Any type of forced or unwanted sexual abuse or sexual harassment between youth or any type of sexual abuse or sexual harassment between staff and youth is criminal and prohibited. According to the policy, this mandate applies to all staff, including department employees, volunteers, contractors, official visitors, or other agency representatives.

Agency Policy 2.13 (DYRS) Prisoner Rape Elimination Act, Section IV titled details the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The agency's policy outlines prevention of sexual abuse and sexual harassment through the staffing plan, video monitoring and maintaining minimum staff ratio of 1:8 during the day and a minimum staff ratio of 1:16 at night.

Further, the policy details detection through staff announcement of the opposite gender in the housing unit, documented unannounced rounds of superintendents, assistant superintendent, supervisors, program and managers on all three shifts to deter sexual abuse and sexual harassment. Additionally, the agency references the National Criminal Information Center (NCIC) checks on all facility staff every five years and child abuse registry checks are conducted. Staff complete intake screening for residents, risk assessments, and PREA training for staff.

The agency's policy addressed responding to sexual abuse and sexual harassment through resident and staff reporting, first responder duties, staff training, resident orientation and comprehensive training, child abuse hotline, emergency PREA grievance, investigations, disciplinary action, terminations and or criminal prosecution, medical and mental health treatment, incident review team, victim services, community emotional support services, and data collection. DYRS PREA

	Policy 2.13 provides and outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment at the Residential Cottages. DYRS PREA Policy 2.13 III. B. Definitions defines sexual abuse of a resident by another resident and sexual abuse of a resident by a staff member, contractor or volunteer as outlined in the PREA: Juvenile Facility Standards: United States Department of Justice Final Rule. The last revision of the policy included addition of terminology and definitions. Specifically, there was a clarification to remove redundant language. DYRS PREA Policy 2.13.IV.H. includes sanctions for staff and residents found to have participated in prohibited behavior of sexual abuse and sexual harassment that includes disciplinary sanctions up to and including termination for staff and disciplinary sanctions for residents upon an administrative or criminal finding. DYRS PREA Policy 2.13.VI.A-E outlines the agencies response for preventing detecting and responding to sexual abuse and sexual harassment. The agency is substantially compliant with this provision and no corrective action is required. 115.311 (b) 1-3: Based on the information provided on the PAQ, DYRS employs or designates an upper-level, agency-wide PREA coordinator. DYRS PREA Policy 2.13. III.G., provides that the PREA coordinator acts as the agency representative on PREA related issues and provides assistance to the PREA compliance managers. The PREA coordinator will develop, implement, and oversee the agency's efforts to comply with the PREA standards in all facilities. In review of the Pre-Audit Questionnaire (PAQ) and the DYRS Director's Office organizational chart, the agency employs an upper-level agency-wide PREA coordinator that holds the position of Professional Standards Manager. The PREA coordinator performance plan outlines that the Professional Standards Manager/PREA coordinator reports directly to the agency DYRS Deputy Director and provides assistance to four PREA compliance managers. The plan also outlines that the PREA coordinator will coordinate PREA audits, ensure timely submission of PAQ, support and monitor corrective actions. The PREA coordinator was appointed to this position on 3/13/23. The PREA coordinator indicated during the onsite interview that there is adequate time to manage PREA related duties including assisting four PREA compliance managers. The duties include facilitating meetings, calls, and resources during investigation efforts. During the pre-onsite audit, the PREA coordinator met all deadlines to submit documentation in the PAQ as well as responded timely to the issue log prior to the onsite audit. Also, the PREA coordinator completed the task of scheduling agency related specialized interviews as well as auditing logistics. During the onsite audit, the PREA coordinator demonstrated and verbalized knowledge of tasks associated with the position, agency policy, and practices and efforts for compliance with the PREA standards.

	The PREA coordinator has worked in the position since 3/13/23 and has led the agency's efforts towards compliance with the PREA standards. In the (PAQ), the PREA coordinator provided audit documentation, supplemental file documentation, scheduled required interviews with facility staff. The coordinator proved documentation based on the issue log of a meeting with the PREA compliance managers. The timeliness of these duties demonstrated that the PREA coordinator has sufficient time and authority to oversee the agency's efforts in complying with PREA. It should be noted that the PREA coordinator played an integral part in the drafting of the revised PREA Policy 2.13. The agency is substantially compliant with this provision and no corrective action is required. 115.311 (c): 1-4: DYRS PREA Policy 2.13.III. F. details the position of PREA compliance manager. The policy provides that the PREA compliance manager will ensure PREA compliance operationally and its readiness for all related PREA standards. In review of the Residential Cottages Organizational chart, the facility has designated a PREA Compliance Manager that holds the position of program manager in the organizational structure and reports directly to the superintendent. A review of the Residential Cottages Organizational Chart, the program manager is designated as the PREA Compliance Manager for the facility. The Department of Services for Children Youth and Their Families Division of Youth Rehabilitative Services PREA compliance managers Organizational Chart, the agency operates four facilities and has designated a PREA Compliance manager at each facility. Though the position was not filled until 12/2025, the PREA compliance manager had extensive experience with PREA related mandates as the PREA investigator, and the retaliation monitor for several years. During interview, it was confirmed that there was sufficient time allotted to complete required tasks to adhere to PREA compliance. The task includes providing comprehensive training to residents, PREA training to staff, and maintaining PREA documentation. The PREA compliance manager submitted supplemental files via the OAS for review in a timely manner, scheduled facility level specialized staff to be interviewed, and assisted with daily logistics during the onsite audit. When interviewed the PREA compliance manager responded that when addressing issues of PREA compliance, it was reported the course of action would be addressed with both the superintendent and the PREA coordinator. Finally, to address the concern and make necessary changes to comply as well as provide training staff and residents. The agency is substantially compliant with this standard and no corrective action is required. The evidence shows the agency has a zero tolerance PREA policy that outlines the agencies efforts in preventing detecting and responding to sexual abuse and sexual harassment. The agency has demonstrated that the agency has designated an

	upper-level agency-wide PREA coordinator and a facility level PREA compliance manager which was verified through the agency policy, organizational charts, performance plans and interviews with both PREA coordinator and the PREA compliance manager. The PREA compliance manager works closely with the PREA Coordinator and is leading the facilities' efforts to comply with the PREA standards. Based on this analysis, the agency is substantially compliant with this standard and no corrective action is required.

115.312	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents: 1. Division of Youth Rehabilitative Services DYRS Contracts Table (updated 12/2025) 2. Division of Youth Rehabilitative Services DYRS Operating Guidelines for Contracted Children and Family Programs and Services Section V, B, D pp 10-11, (revised 2/09/2026) 3. Pre-Audit Questionnaire (PAQ) 4. Abraxas Academy PREA Final Report 6/17/2025 5. George Junior Republic PREA Final Report 11/10/2023 6. Montour Learning Center PREA Interim Report 9/6/2023 7. Lewisburg Residential Treatment Center PREA Final Report 9/10/2025 8. Summit Academy Final Report 4/23/2025 9. VisionQuest RAD- Newark Final Report 11/20/24 10. White Deer Run Cove Prep Final Report 11/22/2024 11. YRS Woodard Academy Contract 12. CYF Keystone dba Natchez Trace Contract 13. CYF Diversified Treatment Alternative Contract 14. CYF George Junior Republic Contract 15. YRS Cornell Abraxas Group Inc Contract 16. CYF Kids Peace National Centers Contract 17. YRS The Whitney Academy Contract 18. CYF Gulf Coast Treatment Center Contract 19. CYF White Deer Run Contract 20. CYF Summit School Contract Interviews:

1. Agency contract administrator

Findings (by Provision):

115.312(a) 1-4:

The agency reported in the Pre-Audit Questionnaire (PAQ) that they have entered into or renewed 10 contracts for confinement of residents. The Division of Youth Rehabilitative Services DYRS Operating Guidelines for Contracted Children and Family Programs and Services Section V, B, and D page 11 and 12 establishes that providers shall comply with all applicable PREA standards and any DSCYF policies or standards related to PREA for preventing, detecting, monitoring, investigating and eradicating any form of sexual abuse within DSCYF contracted or subcontracted facilities. In addition to "self-monitoring requirements" and submission to PREA state or federal audits, providers will allow DSCYF announced or unannounced compliance monitoring to include "on-site" monitoring. Failure to comply with PREA, including PREA Standards and DSCYF PREA related policies or standards, may result in a loss of business until the provider comes into compliance with PREA standards and/or subsequent contract termination.

In review of the DYRS residential contracts table dated (12/2025), the agency reported 7 facilities with contracts with agencies for the confinement of residents and all contracts required contractors to adopt and comply with the PREA standards. The DYRS residential contracts list the agencies and facilities, contact information, website, PREA compliance manager, and status of compliance under the standard. The auditor reviewed seven of the PREA audits for confinement of the agency's residents. All seven facilities were compliant with the PREA mandates. The contracts require compliance with the DSCYF operating guidelines for contracted client programs and services. The DSCYF operating guidelines is located on the agency's website at https://kidsfiles.delaware.gov/pdfs/dscyf-op-gl-revisions-v11-01-2022.pdf and does require the contractor to comply with the PREA standards.

The agency is substantially compliant with this provision, and no corrective action is required.

115.312(b) 1-2:

The Division of Youth Rehabilitative Services DYRS Operating Guidelines for Contracted Children and Family Programs and Services Section V, D page 12, establishes self-monitoring requirements and submission to PREA state or federal audits. Providers will allow DSCYF announced or unannounced compliance monitoring to include on-site monitoring. In the PAQ, the agency reported that four facilities are less than 51% juvenile justice and do not require the agency to monitor the contractor for compliance with PREA standards. In review of the DYRS residential contracts dated (12/2025), the agency has a list of all contracts that includes the contract information for the provider, PREA compliance manager information, website and status of PREA final audit report. Four providers were listed as having less than 51% juvenile justice youth. The agency contract

	administrator stated that PREA compliance results had been received from contracting agencies. The agency is substantially compliant with this provision, and no corrective action is required. The evidence shows that the agency has entered into contracts for confinement of residents and that those contracts require the providers to adopt and comply with the PREA standards as verified through the review of the PAQ, documentation, contracts, provider website, PREA audit reports and agency guidelines. DYRS does require monitoring of contractors' compliance with the PREA standards if the provider is less than 51% juvenile justice. This was verified through review of the PAQ, supplemental files, agency guidelines, provider website and interview with agency contract administrator. Based upon this analysis, the facility exceeds compliance with this standard and no corrective action is required.

115.313	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.IV.A.1.a-b 2. DYRS Facility Minimum Staffing Table 3. Residential Cottages Staffing Plan October 24, 2025 4. Residential Cottages Briefing Reports 5. Residential Cottages Organizational Chart (2025)(revision 2026). 6. Residential Cottages Staff Schedule 7. Auditor Requested Shift Summaries 8. Superintendents Monthly Meeting Agenda (10-03-2025) 9. DYRS Facility Minimum Staffing Sheet 10. PREA Unannounced Checks Log Entries 11. Auditor Requested Video Uploads of Unannounced Rounds 12. Auditor Requested Shift Logs of Unannounced Rounds Site Review Observations: 1. Facility video camera system and observation of camera placement 2. Review of Resident Supervision

Interviews:

1. Superintendent
2. PREA compliance manager
3. PREA coordinator
4. Intermediate or higher-level facility staff

Findings (by Provision):

115.313 (a-c):

DYRS reported in the Pre-audit questionnaire (PAQ) that each facility it operates develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and video monitoring in order to protect residents against sexual abuse. The facility reported that the average daily number of residents at the facility was 16. At the time of the onsite audit, there were 13 residents at the facility, and on the last day of the onsite audit, there were 13 residents. The facility reported in the last 12 months they have not deviated from the staffing plan. The maximum capacity for both Grace and Snowden the facility is 29 residents.

The facility relies on PREA Policy 2.13.IV. A.1.a-b, (pp. 4) that provides that the administration and supervisors have a responsibility to maintain facility staff to student ratio. The shifts are A shift (6:00am -2:00pm), B shift (2:00pm-10:00pm), and C shift (10:00pm-6:00am). The facility has two A shift supervisors, two B shift supervisors, and two C shift supervisors. There is a split shift supervisor between A and B shift.

According to the staff roster made available through PAQ, the facility reported they currently have 49 staff. On the volunteer/ contractor roster, there were 16 contractors and one volunteer that may have contact with residents. On the contracted medical staff roster, there were 27 medical practitioners that may have contact with residents. Based on the information provided on the Residential Cottages Organizational Chart, there are 52 employee positions indicated on the organizational chart as of 12/24/2025. In review of the Residential Cottages Organizational Chart the staffing consists of

- Superintendent
- Assistant Superintendent
- Administrative Specialist II
- Program Managers
- YCS Supervisors
- TS Supervisors
- MTS
- TS
- YCSI-III

There were 11 vacancies represented on the organizational chart.

	A review of the facility shifts reports for A, B and C shifts, the facility has a log report that outlines the movement of residents. The report details the number of staff and residents at each housing unit. The staffing plan and policy calls for a minimum of one staff per eight residents during A, B shift and C shift. The staffing plan requires that staff always be aware of the location of the group and individual residents by conducting random head counts. Residents are never left unsupervised in any area. Staff must conduct periodic headcounts to ensure the earliest possible detection of a missing resident and movement must be noted in the unit logbook. The C shift has a minimum of one staff to 16 residents with 15-minute checks during sleeping hours. During onsite review, the auditor was able to observe that the residents were never alone. Majority of all interactions, there were two staff present. Residents traveled in a group escorted by staff, in the main hallway, cafeteria, classrooms, healthcare and intake. Staff utilized radios for communication between other staff. On the first day of the onsite audit, 13 residents resided at the Residential Cottages. The auditor was able to review the cameras system from both the PREA compliance manager's cell phone as well as the office desktop. The auditor was able observe all areas of the facility from the 85 cameras. During the onsite review of the facility, the auditor was able to assess the camera placement. In the PAQ, the facility reported they have a video monitoring system. The facility replaced the entire camera system. During the onsite review, there were a total of 85 cameras. Cameras are assessable by administration and program managers. The auditor did not observe any cameras in the bathroom. All cameras have a 30-day retention and are retrievable by date and time. During interviews with the superintendent and the PREA compliance manager, it was confirmed that the facility has a documented staffing plan that considers staffing levels, video monitoring and the criteria set by the PREA mandates. Specifically, the staffing plan considered accepted detention and correctional practices, any findings of inadequacy, resident population, staff positions, cameras, blind spots, programming schedule, any applicable laws, and sexual abuse unsubstantiated and substantiated findings at Residential Cottages. The facility reported in the PAQ that there were possible instances of deviation from the staffing plan, but by freezing staff the facility-maintained compliance ratios. Additionally, it was noted that to ensure compliance with the staffing plan, staff are frozen on shift as needed. The facility provided documentation of the use of the freeze policy in order to avoid deviation from the staffing plan. Based on the information obtained from the shift summaries, it appears that the facility adheres to the staffing plan. The Residential Cottages uploaded to the PAQ and to the supplemental files shift summaries requested by auditor. The facility is substantially compliant with this provision and no corrective action is required. 115.313 (d):

	In the PAQ, the facility reported that annually with the agency's PREA coordinator they review the staffing plan to see if adjustments are needed to the staffing plan, prevailing staffing patterns, monitoring technology, allocation of agency or facility resources to ensure compliance with the staffing plan. The agency provided the Superintendents Monthly Meeting Minutes from 10/03/ 2025 that details the PREA Staffing Plan and PREA Follow Up to Youth. There were agenda items that focused on staffing and minimum duties; ratios and direct care; and juvenile facilities supervision. According to the minutes, there was a discussion on staffing plans. Review of the documents provided showed the agency’s annual practices of considering staffing plans. The PREA Coordinator confirmed that she is consulted regarding any assessments or adjustments to the staffing plan, and annually and as needed during the superintendent meeting. The facility is substantially compliant with this provision and no corrective action is required. 115.313 (e): According to the information provided on the PAQ, DYRS reported they require that intermediate level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility reported that unannounced rounds are documented and cover all shifts and staff are prohibited from alerting other staff conducting rounds. The agency references in PREA Policy 2.13.IV.A.2-2a that details that supervisors, program managers, assistant superintendents and superintendents must conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment on all shifts. Staff are prohibited from alerting other staff of these unannounced rounds. A review of the logs for the housing units shows that PREA unannounced rounds are documented in the unit log. Also, the unannounced rounds are documented as being conducted on the Shift Reports. While onsite, the facility provided the auditor with requested logs identifying unannounced rounds. Additionally, the facility uploaded video by auditor’s request showing that rounds are being completed and documented. The intermediate higher-level staff do conduct PREA unannounced rounds on all shifts and log such rounds in the unit log. PREA unannounced rounds are documented in red ink as PREA in the unit log with the name of the person conducting, time and date. During the interview with higher-level staff, it was confirmed that they do conduct and document unannounced rounds. The auditor inquired about how you prevent staff from alerting other staff, and the response was the unannounced rounds are conducted randomly. In the PAQ, the facility provided footage for unannounced rounds. The videos demonstrated unannounced rounds were done appropriately and documented.

	The facility is substantially compliant with this provision and no corrective action is required. It is evident that the facility does meet with the PREA coordinator to discuss the staffing plan to ensure compliance, which was verified by interviews, and the superintendent's meeting minutes. Residential Cottages provides adequate staffing levels and video monitoring to protect residents against sexual abuse and sexual harassment. It was verified through staffing plan, policy, interviews, video monitoring technology, staff, and supervisor shift assignments summaries. Lastly, the upper-level staff is consistent with completing and correctly documenting unannounced rounds. The unannounced rounds are documented, and it was verified through review of the logs, policy, video footage, and interviews. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.315	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13 2. DYRS State Managed Facilities Searches of Youth, Visitors and Facilities 5.14 3. DYRS Policy 5.7 State Managed Facilities Youth Supervision and Movement 4. Male and Female Staff Announce Sign 5. Pre-Audit Questionnaire (PAQ) Interviews: 1. Random staff 2. RandomResident Site Review Observations: 1. Bathroom Procedures Findings (by Provision): 115.315(a): Reported in the pre-audit questionnaire (PAQ) DYRS responded that they do not

	conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months the facility responded there were no cross-gender strip or cross-gender visual body cavity searches of residents. During interviews with random staff a cross-gender pat search would only be conducted during exigent circumstances. According to DYRS Policy 5.14.3.A, unclothed searches are conducted by a minimum of two-line staff of the same gender without touching the youth. In addition, youth shall never be subjected to a body cavity search unless authorized by the medical authority, when directed this shall occur in the hospital setting and completed by hospital staff. During an interview, when asked what urgent circumstances would require cross-gender strip searches and visual body cavity searches, all 14 staff were able to identify an exigent circumstance. When interviewed, all 14 random residents stated that they had not been subjected to cross-gender strip or cross-gender visual body cavity searches. The facility is substantially compliant with this provision, and no corrective action is required. 115.315(b-c): Residential Cottages reported in the PAQ that the facility does not conduct cross-gender pat searches of residents unless there is an exigent circumstance. The facility reported in the prior 12 months they had no cross-gender pat searches and none that involves an exigent circumstance. DYRS Policy 2.20 LGBTQI outlines that cross-gender searches should not occur except in exigent circumstances. In exigent circumstances, a written report must be completed, reviewed, and approved by the program manager immediately following and submitted to the deputy director, PREA coordinator and program’s PREA compliance manager. During an interview, there was confirmation by 14 out of 14 random staff that they are restricted from conducting cross-gender pat down searches except in exigent circumstances. When asked to provide an example of a circumstance that would warrant a search, all 14 were able to give an example of an exigent circumstance. All 13 residents stated that they had not been pat down searched by the opposite gender. During the onsite audit, there were no intakes to determine the practice of searches. The facility is substantially compliant with this provision, and no corrective action is required. 115.315(d):

	According to the PAQ, the Residential Cottages has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks including video monitoring. The facility cites DYRS Policy 5.7.IV.E.1, that details that staff shall not observe youth of the opposite sex when they are dressing and/or undressing, bathing, or using toilet. DYRS Policy PREA 2.13.IV.A.3 requires staff of the opposite gender to alert the youth via knocking on the door and then announce their gender. During interviews with 14 random staff, when asked do you or other staff announce your presence when entering a housing unit that houses residents of the opposite gender, all 14 staff stated yes. When asked to replicate announcement, all 14 staff stated they would announce female or male on unit. When staff were asked if residents are able to dress, shower and use the toilet without being viewed by staff of the opposite gender, all 14 out of 14 staff stated yes. During site review, it was observed that residents entered into the shower area dressed and must come out fully dressed. Copies of postings and locations were uploaded to the supplemental files of the PAQ. During interviews with 13 random residents, when asked do female/male staff announce their presence when they enter your housing area or any area where you shower, change clothes, or perform bodily functions, 13 out of 13 residents stated yes, staff say female/male on the unit and when asked are you or other residents ever naked in full view of a female or male staff when using the toilet, showering or changing clothes, 13 out of 13 random residents stated no. During the onsite review, the auditor observed a housing unit during showers. The housing unit bathrooms, shower area and toilets were individual with a door. The auditor informally asked staff about the use of the shower, toilet and how residents change clothes, staff confirmed that only one resident can shower at a time and use the restroom at one time. Residents are required to change in the shower area and get dressed before they come out of the shower area. This procedure was observed during the onsite review. The facility is substantially compliant with this provision, and no corrective action is required. 115.315(e): The provision is no longer applicable to compliance finding. 115.315(f): The provision is no longer applicable to compliance finding. The evidence demonstrates that the facility does not conduct cross-gender strip searches, body cavity searches, or cross-gender pat searches of residents which

	were verified by policy, PAQ, interviews and onsite observation. Residents can shower, change clothes and perform bodily functions without being viewed by non-medical staff of the opposite gender and staff announce their presence when entering a residents housing unit which was verified by policy, interviews and site review observation. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.316	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.IV.C.2.d 2. DSCYF Policy 118.II 10-6-2017 3. Pre-Audit Questionnaire (PAQ) 4. State of Delaware Executive Department Office of Management and Budget Contract NO. GSS19602-LINGUIST Interpretation & Translation Services-Foreign Languages Effective 7-1-2024 to 8-31-2025 Addendum effective 9/4/2025 5. State of Delaware Executive Department Office of Management and Budget Contract NO. 24604 Sign Language Interpretation Services 6. How to Access and Purchase Contracted Translation Services 7. Quick Glance Interpretation & Translation Services 8. List of Translation Providers 9. Residential Cottages Safety Guide Spanish 10. Residential Cottages Resident Manual Spanish 11. PREA video with closed captions Interviews: 1. Agency Head 2. PREA Compliance Manager 3. Random Residents 4. Random Staff 5. Education Support Staff

Site Review:

1. Intake
2. Posters and Audit Postings

Findings (by Provision):

115.316(a)-1:

DYRS has reported in the pre-audit questionnaire (PAQ) that it has established procedures to provide disabled residents 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. Specifically in the agency PREA policy, there is specifics that ensure that disabled residents receive the same equal access to services and information pertaining to the prevention, detection, and response to sexual harassment and sexual abuse.

The agency policy addresses disabled residents and limited English proficient residents in two sections of the policy. Cited in DYRS PREA Policy 2.13.IV.A.4 each facility must take reasonable steps to effectively communicate with residents who have a disability or limited English proficiency. Within PREA Policy 2.13.IV.C.2.c states each facility is to ensure that youth with language barriers or disabilities of any kind, are given the same information to prevent, detect and respond to sexual abuse and sexual harassment in a format supportive of the language barrier or disability.

In the PAQ, the agency provided the contract for interpretation and translation services from the State of Delaware Executive Department Office of Management and Budget Contract NO. GSS19602-LINGUIST Interpretation & Translation Services-Foreign Languages and Contract 24604 Sign Language Interpretation Services. The contract is a mandatory use contract that requires every state department and agency within the Executive Branch and Judicial Branch of the state government to procure all material, equipment, and nonprofessional services through the statewide contract administered by Government Support Services. To locate the services needed, the document includes the Quick Glance Interpretation & Translation Services, and the list of Sign Language Services for residents that are hearing impaired.

The auditor obtained the roster of students that received special education services and residents that were limited English proficient from the representative of the education department at the Residential Cottages. There were several residents listed as receiving special education.

During the interviews with targeted residents there was no apparent indication of a need for specialized vocabulary on the part of the auditor. There were no residents that had any speech impairment, blindness, overt intellectual disabilities, or hearing impaired. The resident's classifications were more related to learning disabilities, behavioral, and mental health. Residents stated that they understood PREA-related

	information and if they needed assistance, it would be provided by staff. Information pertaining to PREA was posted in large print around the facility for visually impaired. Also, the facility had the capability to enlarge items on the printer. If residents were in need of sign language there is the translation line available. Also, the PREA video has close captioning availability for hearing impaired as well as those with learning disabilities. During interviews with targeted residents, it was determined that they understood PREA, and they were able to identify someone on staff that could assist if necessary. During the interview with the agency head of DYRS confirmed that there are procedures implemented to ensure that residents with disabilities and limited English proficiency receive information related to PREA. There is a contract for translation and interpretation services that included sign language for the hearing impaired. During the intake process, residents are processed one at time. They are able to get individualized attention if they present with intellectual disability or limited reading ability. The agency is substantially compliant with this provision and no corrective action is required. 115.316(b): According to the PAQ, DYRS confirmed it has established procedures to provide residents with limited English proficiency 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. In DSCYF Policy 118.II, it is the policy of the Department that all limited English proficient (LEP) persons must have equal access to Department services, whether they are delivered by the Department or its contractors shall be entitled to language assistance at no cost to themselves. During the onsite audit, there were no residents identified as limited English proficient. It should be noted that Spanish is the second largest spoken language in the state of Delaware. Meaningful access to all aspects of the agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient are met through the availability of the contract for interpretation and translation services. In the PAQ, the facility provided the contract for interpretation and translation services from the State of Delaware Executive Department Office of Management and Budget Contract NO. GSS19602-LINGUIST Interpretation & Translation Services-Foreign Languages. The contract is a mandatory use contract that requires every state department and agency within the Executive Branch and Judicial Branch of the state government shall procure all material, equipment, and nonprofessional services through the statewide contract administered by Government Support Services. To locate the services needed, the document

	includes the Quick Glance Interpretation & Translation Services. Located in the PAQ was the instructions to access the services. The contract requires that the interpreters and translators are screened to ensure individuals providing services were effective, accurate, and impartial both receptively and expressively. At the time of onsite audit, there were no limited English proficient residents to interview. During the onsite review, there were many large PREA posters created by the facility that included the Child Abuse and Neglect Report Line information in Spanish. Additionally, the student handbook and the PREA safety guide were both in Spanish. During the mock intake process, staff interviewed were aware of the interpretation and translation services that were available. The agency provided two invoices demonstrating the use of the language line. The language line was utilized for a guardian/parent for other purposes than PREA related. The auditor was unable to test the translation line. The agency is substantially compliant with this provision and no corrective action is required. 115.316(c): Review of DSCYF Policy 118.II does not explicitly prohibit the use of resident interpreters, resident readers, or other types of resident assistants. The policy does state that Department staff should utilize language assistance services in any situations where they are not able to communicate at a satisfactory level with an LEP person. Utilizing the interview protocols for random staff, it was found that 1 out of 14 random staff were aware that residents could not be utilized as translators or interpreters. There were no limited English proficient residents to interview, but there was documentation in PAQ showing the use of the language line but for a call unrelated to PREA. According to random staff, there has not been any limited English proficient residents at the Residential Cottages within the last 12 months. According to the information taken from the PAQ, there were no instances in the past 12 months that indicated where resident interpreters, readers, or other types of resident assistants had been used. There was no documentation located by the auditor that there was an extended delay in obtaining an interpreter that could have compromised a resident’s safety, first-responder duties, or the investigation of a resident’s allegations. The facility is substantially compliant with this provision and no corrective action is required. The evidence demonstrates that the facility has taken steps to ensure that residents with disabilities and limited English proficiency have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. There is no evidence of the utilization of resident interpreters, resident readers, or other types of resident

	assistants. These practices were verified by the agency's policies, contracts, resident roster, interviews, and observation of mock intake. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.II & III 2. DYRS PREA Policy 2.13 Attachment F-DYRS Hiring and Promotion Decisions 3. DSCYF Policy 313 4. DSCYF 318.IV.E 5. DYRS Policy 2.2 6. Letter of Affirmation of NCIC 5-year Checks of Employees of Residential Cottages 7. Contractor/Volunteer Roster 8. Delaware Criminal Justice Information System (DELJIS) 9. Employee Files 10. Volunteer Documentation 11. Contractor Documentation 12. PREA Reference Check- Previous Institutions Worked 13. Consent to Release Information for Prison Rape Elimination Act 14. Pre-Audit Questionnaire (PAQ) Interviews: 1. Human Resources 2. Criminal Background Unit 3. Contractor 4. Volunteer Findings (by Provision): 115.317(a): DYRS reported in the pre-audit questionnaire (PAQ) that the agency prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents who may have engaged attempted to engage, convicted of sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, other institutions, the community,

which was facilitated by force or coercion, consent, or unable to consent or has been civilly or administratively adjudicated of the above actions.

To comply with PREA standard 115.317, the agency has implemented two policies and a form. The documents provide an annual questionnaire for employment candidates, volunteers, contractors, current employees, and promoted employees to complete. The following items addressed on the forms are to prohibit the hiring, promoting, or contracting anyone who may have contact with residents who have engaged, attempted to engage, convicted of sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, other institutions, the community, which was facilitated by force or coercion, consent, or unable to consent or has been civilly or administratively adjudicated of the above actions.

- DYRS PREA Policy 2.13 attachment F-Prison Rape Elimination Act (PREA) Acknowledgement Form Hiring and Promotion is an affirmation completed by employment candidates, current employees, employees at promotion, contractors, and volunteers. The form addresses both sexual abuse and sexual harassment.
- DYRS Policy 318.IV.E-G references that PREA requires pre-employment reference checks for covered employees to determine whether the candidate has engaged in the above stated behaviors. Additionally, the policy requires a service letter containing employment related information including the nature of the employee's separation from employment, and if there were any reasonably substantiated incidents involving violence, threat of violence, abuse, or neglect, by the person seeking employment toward any other person. Lastly, the policy requires a National Sex Offender Registry Check and Delaware Sex Offender Registry which would be disclosed as part of the criminal background check.
- In DSCYF Policy 313 Title 31, Chapter 3, Section 309 of the Delaware Code requires a check of SBI and FBI records and review of the Department's Child Protection Registry be conducted on employees of the Department hired after September 1,1989 who have regular direct access or unsupervised direct access to children and/or adolescents under the age of 18.

After reviewing list of new hires at the Residential Cottages and the list of staff completion of criminal background checks at the Residential Cottages, the practice of completing required criminal background checks and child registry checks were completed.

The DYRS PREA Policy 2.13 attachment F-Prison Rape Elimination Act (PREA) Acknowledgement Form Hiring and Promotion were completed except for the contractors and volunteers at the Residential Cottages. All other requested copies were provided for new hirers and existing staff. Though DELJIS would capture offenses in Delaware, staff who reside in the nearby states of New Jersey, Pennsylvania, and Maryland DELJIS would not capture information from those surrounding states.

	Review of files of staff that were new hires it was confirmed during the hiring process, employment candidates complete DYRS PREA Policy 2.13 Attachment F-Hiring and Promotion which inquiries about past conduct. The employees affirmed that they have or have not been investigated for or engaged in sexual abuse or sexual harassment in confinement, community, and civilly or administratively adjudicated. In the employee files requested, there were copies of the form. The agency is not substantially compliant with this provision and corrective action is required. 115.317(b): According to the information provided on the PAQ, DYRS responded that the agency policy requires consideration of any incidents of sexual harassment in determining whether to hire, promote anyone, or to enlist the services of any contractor who may have contact with residents. Considerations of incidents of sexual harassment would be captured in the DYRS PREA Policy 2.13 attachment F-Prison Rape Elimination Act (PREA) Acknowledgement Form Hiring and Promotion. Specifically, the form inquires about sexual harassment. It is an affirmation completed by employment candidates, current employees, employees at promotion, contractors, and volunteers. According to the definition of staff in DYRS PREA Policy 2.13. III, contractors and volunteers are defined as employees. All prohibitions to hiring apply to contractors and volunteers which include DCYF Policy 318 and DCYF 313. Attachment F of DYRS PREA Policy 2.13 captures both volunteers' and contractors' affirmation that they have or have not been investigated for or engaged in sexual abuse or sexual harassment in confinement, community, and civilly or administratively adjudicated. Further during the interview with the human resource representative, it was confirmed that the agency does consider past conduct of sexual abuse and sexual harassment during the hiring process. The DYRS PREA Policy 2.13 attachment F-Prison Rape Elimination Act (PREA) Acknowledgement Form Hiring and Promotion were completed except for the contractors and volunteers at the Residential Cottages. All other requested copies were provided for new hirers and existing staff. Though DELJUS would capture offenses in Delaware, staff reside in the nearby states of New Jersey, Pennsylvania, Maryland and DELJIS would not capture information from those surrounding states. The agency is not substantially compliant with this provision and corrective action is required. 115.317(c) In the PAQ, DYRS reports that agency policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks; consults any child abuse registry maintained by the State or locality in which the employee would work; and consistent with Federal, State, and local

	law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. DYRS has demonstrated in two policies that the implementation of policy and documentation to ensure that criminal background checks are completed, and child abuse registry consulted pertaining to sexual abuse and sexual harassment. DSYCF Policy 313.III cites Title31, Chapter 3, Section 309 of the Delaware Code requires of SBI and FBI records and review of the Department's Child Protection Registry be conducted on employees of the Department hired after September 1,1989 who have regular direct access or unsupervised direct access to children and/or adolescents under the age of 18. In DSYCF Policy 318.IV.E specifically address the mandates required by PREA. The policy states that PREA requires pre-employment reference checks for covered employees to determine whether the candidate (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; and/or (3) Has been adjudicated in civil court or administratively adjudicated (substantiated) in employment related hearings. The policy is the general guidance for pre-employment checks. According to the policy the pre-employment checks must be considered in hiring decision making. Additionally, all information provided on the employment application, resume, reference and pre-employment check materials may be verified, including but not limited to, contacting current and former employers. During the interview with the Criminal History Unit, it was confirmed that criminal background checks and child abuse registry consult for newly hired employees, volunteers and contractors who may have contact with residents. Residential Cottages have not begun implementing contacting prior institutional employment. There is a uniform questionnaire that has been adopted by the agency. The reference check (questionnaire) does inquire about conduct related to sexual abuse and sexual harassment. There were 12 new hires that completed required background checks and child abuse registry. The agency is not substantially compliant with this provision and corrective action is required. 115.317(d)-1-2 According to the DYRS Policy 2.13.III.a Definition the Residential Cottages contractors are considered staff. The DYRS Policy 318.IV.E requires that criminal background checks are completed and child abuse registries are consulted prior to

	enlisting the services of any contractor who may have contact with residents. The auditor was provided the criminal background checks for contractors and volunteers that were provided on the contractor/volunteer list for the Residential Cottages. In the PAQ, there was a list providing the dates of completion of the criminal background checks and child registry consults for all 16 contractors and one volunteer. The auditor interviewed two contractors and one volunteer that recalled having to complete a criminal background check. The criminal history unit confirmed the process of obtaining criminal background checks and child abuse registry consult for contractors and volunteers. The agency is substantially compliant with this provision and no corrective action is required. 115.317(e)-1 According to the PAQ, agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors or have another system in place to capture such information for current employees. DSYCF Policy 313.III cites Title31, Chapter 3, Section 309 of the Delaware Code requires SBI and FBI records and review of the Department's Child Protection Registry be conducted on employees of the Department hired after September 1, 1989 who have regular direct access or unsupervised direct access to children and/or adolescents under the age of 18. Provided via the OAS the PREA Coordinator submitted a Letter of Affirmation for the 5-year employee background checks for the Residential Cottages. Provided to the auditor was the dates of criminal background checks and child abuse registry for current employees, contractors, and volunteers. DYRS employs the use of the Delaware Criminal Justice Information System (DELJIS). This system flags the department if any employee, contractor, or volunteer receives a criminal charge while employed with the agency. Only criminal charges that occur in Delaware are subject to be flagged by DELJIS. This practice was confirmed by the Criminal History Unit. The facility is substantially compliant with this provision and no corrective action is required. 115.317(f)-1 According to the PAQ, DYRS shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in 115.317(a) in written applications or interviews for hiring or promotions and interviews or written self-evaluations as part of reviews of current employees.

	The auditor reviewed DYRS Policy 2.13-Attachment F-PREA Acknowledgement Form which is used to as a continuing affirmative duty to disclose the engagement of sexual abuse in a place of confinement, convicted of engaging; attempting to engage in sexual activity in the community; or civilly or administratively adjudicated of said behavior and investigated in sexual harassment. In the introduction of the form, it states the agency shall not hire, promote or contract anyone who may have contact with youth who participated in above behaviors listed. All files requested contained copies of the DYRS PREA Policy 2.13-Attachment F. It was also confirmed by PREA coordinator that DYRS Policy 2.13 – Attachment F-PREA Acknowledgement Form is completed by employees annually and upon promotion. 115.317(g)-1 In the PAQ, DYRS has confirmed that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. DYRS has established two policies wherein material omissions regarding misconduct or false information shall be grounds for termination. Within DSCYF Policy 318.V.C states any false, misleading, or substantive omission of information provided by an applicant during any phase or by any means may be cause for rejection of the application, rescinding an offer, repeating all or part of the hiring process, or dismissal if employed by the State. Found in DYRS Policy 2.2.IV.B.1.a. maintains that employees have the responsibility to immediately disclose to their supervisor any criminal investigations, arrests, indictments, or convictions of themselves or any investigation of child/abuse or entry onto the Child Abuse Protection Registry subsequent to initial employment. Failure to immediately notify a supervisor of any of the above, including final disposition, could result in discipline up to and including termination. The agency is substantially compliant with this provision and no corrective action is required. 115.317(h)-1 According to the PAQ, unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. It was confirmed by human resources that with a service letter and a signed consent by a former employee, DYRS would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee to a perspective employer. The evidence has shown that the agency has established policies and procedures

that prohibit the hiring or promotion of employees, but not contractors and volunteers who may have contact with residents who have engaged in sexual abuse in confinement, institution settings, community or civilly or administratively adjudicated for said behaviors. The agency through practice and policy has established forms. The auditor was able to determine the practice of consideration of sexual harassment verified by background checks, child registry checks, policy attachment and files. The practice of conducting a prior institutional employment reference has not been adopted by Residential Cottages. The agency completes criminal background checks and child abuse registry consult prior to hiring. The agency does complete background checks every 5 years or less for current employees, and DELJIS captures incidents of criminal conduct in Delaware. Imposed on employees is a continuing affirmative duty to disclose any misconduct including PREA standard 115.317(a). The exceptions were the contractors and the volunteers. Any omissions or false statements are grounds for termination and is verified by policies. Lastly, a written consent from a former employee, the agency would provide information of a substantiated allegation of sexual harassment and sexual abuse verified by interview.

Based on this analysis, the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The agency shall have contractors including medical personnel and volunteers complete DYRS Policy 2.13-Attachment F-PREA Acknowledgement Form on an annual basis. Provide auditor with copies within the next 60 days.
2. The agency shall require that there are prior institutional reference checks for all new hires on the DYRS adopted form. Provide auditor with copies of the reference forms for the next 60 days.

Verification of the Corrective Action since the onsite PREA audit:

In response to the corrective action, Residential Cottages submitted documentation via OAS supplemental files on 5/17/2026 and 6/2/2026. The following documents were submitted:

- The agency provided signed Prison Rape Elimination Act (PREA) Acknowledgement Form for PREA Standard 115.317(a) Hiring and Promotion for three newly hired employees.
- The agency provided the roster and the signed Prison Rape Elimination Act (PREA) Acknowledgement Form for PREA Standard 115.317(a) Hiring and Promotions for contractors providing medical services which included 25 medical practitioners.
- The agency provided four signed Prison Rape Elimination Act (PREA) Acknowledgement Form for PREA Standard 115.317(a) Hiring and Promotions for the behavioral health department that included both agency

	employees and contractors. **Corrective Action Intent:** The intent of this corrective action was to ensure the facility consistently implemented the PREA Acknowledgement Form developed for PREA Standard 115.317(a) – Hiring and Promotions, thereby supporting the agency's commitment to sound prevention practices. This corrective action required the facility to inquire about any prior sexual misconduct, as defined in PREA Standard 115.317(a), from applicants, contractors, volunteers, annual affirmation and promotion. Based on the documentation reviewed and the corrective measures implemented, the auditor determines that the facility is substantially compliant with PREA Standard 115.317(a).

115.318	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Email Reference Replacement of Camera System 2. Quote/Invoice of Replacement of Camera System 3. Pre-Audit Questionnaire (PAQ) Interviews: 1. Agency Head 2. Superintendent Site Review: 1. Facility 2. Cameras Findings (by Provision): 115.318(a)-1: DYRS reported in the pre-audit questionnaire (PAQ) that the agency has not acquired a new facility or made substantial expansion or modification to existing facilities since August 20, 2012 or since the last PREA audit. Information obtained from the agency head, it was stated that there has been no newly acquired facility

	or any substantial modifications to the Residential Cottages since the last PREA audit finalized on 2/6/2023. During the onsite audit, the Mowlds Cottage was undergoing painting and cleaning for a later relocation of the female unit. The agency is substantially compliant with this provision and no corrective action is required. 115.318(b)-1: Since the last PREA audit there have been updates to the video monitoring system. The facility provided an email with the details of the camera replacement from MAXPRO to ALTA video. There were 85 cameras replaced with the upgrade to cloud-based storage. Cameras were replaced in the multipurpose building and three cottages. During the interview with the superintendent, it was confirmed that PREA was a consideration for the upgrade to the camera system. After the review of the video monitoring system, a further discussion was held to determine the access to footage. The system has the capability to hold beyond 30 days which provides information to assist in the ability to prevent and detect sexual abuse. During the site review, the auditor was able to view 85 cameras with enhanced capabilities. The agency is substantially compliant with this provision and no corrective action is required. Through site review, documents, and interviews, DYRS has demonstrated that the agency has not acquired a new facility. There have been no modifications since the last PREA audit at the Residential Cottages. The facility has been completing cosmetic work on Mowlds with the plan to eventually move the female residents to the facility. The auditor completed a site review on the building during the cosmetic improvements. Mowlds also received upgraded cameras. The facility has replaced cameras since the last PREA audit. Considerations were made to improve the prevention and detection of sexual abuse. Based on this analysis, the facility is substantially compliant with this standard and there is no corrective action required.

115.321	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. DYRS PREA Policy 2.13.IV.G.1
2. DYRS PREA Policy 2.13.IV.I.2
3. DYRS Policy 2.13.IV.E.4.a-b
4. State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect 5/2022 pp 93-104
5. US Department of Justice's Office on Violence Against Women publication, "National Protocol for Sexual Assault Medical Forensic Examination, Adult/ Adolescents"
6. Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults-Christiana Care Hospital
7. Affirmation of Compliance with Investigative Standards for Sexual Assaults with Delaware State Police (DSP)
8. Pre-Audit Questionnaire (PAQ)

Interviews:

1. Institutional Abuse (IA)
2. Survivors of Abuse Recovery, Inc. (SOAR)
3. Delaware State Police Department (DSP)
4. PREA Coordinator

Findings (by Provision):

115.321(a):

In the pre-audit questionnaire (PAQ), DYRS responded that the agency is responsible for conducting administrative sexual abuse investigations including resident-on-resident sexual abuse or staff sexual misconduct. The process is detailed in DYRS PREA Policy 2.13.IV.G.1.a-c that requires that all allegations of sexual abuse or sexual harassment are reported to the Child Abuse and Neglect Report Line and screened for Institutional Abuse investigation. At Residential Cottages, allegations of criminal behavior will be investigated jointly by Delaware State Police and Institutional Abuse (IA). If the allegation is screened out, it is then investigated administratively by the DYRS PREA investigators.

The DYRS does not conduct criminal investigations. When conducting sexual abuse investigations, there is an existing memorandum of understanding which was contained in the PAQ. It is titled the State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect. Within the document there is the Child Sexual Abuse Protocol. Found in the protocol there is a description and mention of PREA mandates. All police departments within the state of Delaware have signed this document. Additionally, there is an existing affirmation of compliance with DSP.

According to the DYRS facility PREA investigator, there was one sexual abuse allegation at the Residential Cottages referred to the Child Abuse and Report Line within the prior 12 months.

During random staff interviews, all 14 staff identified the steps to obtain usable physical evidence would be to separate victim and abuser, secure area, and require that resident and perpetrator do not destroy evidence that could be obtained from forensic examination. There were 9 out of 14 random staff that were able to identify the facility's PREA investigator.

The agency is substantially compliant with this provision and no corrective action is required.

115.321(b)

DYRS responded in the PAQ that the protocol for investigations was developmentally appropriate for youth. State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect was developed for youth and children. During the auditor's review, the protocols appear to be developmentally appropriate for youth. The document does not specifically cite as the framework the US Department of Justice's Office on Violence Against Women publication, "National Protocol for Sexual Assault Medical Forensic Examination, Adult/Adolescents." The US Department of Justice's Office document was not utilized to develop the protocols. The protocol was developed based on best practice. Comparison was made of both documents; it was found that there were commonalities between the protocols. Items covered in the US Department of Justice's Office on Violence Against Women publication, "National Protocol for Sexual Assault Medical Forensic Examination, Adult/Adolescents:

- Coordinated Team Approach
- Informed Consent
- Confidentiality
- Reporting to Law Enforcement
- Payment for the Examination Under VAWA
- Sexual Assault Forensic Examiners
- Facilities
- Equipment and Supplies
- Sexual Assault Evidence Collection
- Timing Considerations for Collecting Evidence
- Evidence Integrity
- Initial Contact
- Triage and Intake
- Documentation by Health Care Personnel
- Medical Forensic History
- Photography
- Exam and Evidence Collection Procedures
- Alcohol and Drug-Facilitated Sexual Assault
- STI Evaluation and Care
- Pregnancy Risk Evaluation and Care
- Discharge and Follow-up
- Examiner Court Appearances

	Many of the elements were utilized in the creation of the State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect 5/18/2022. In the Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults 4/13/2023 between the Christiana Care Hospital SANE coordinator, DYRS director and the PREA coordinator, there is language in the document stating that the protocols employed at Christiana Care Hospital are appropriate for youth and adapted by the US Department of Justice's Office on Violence Against Women publication, "National Protocol for Sexual Assault Medical Forensic Examination, Adult/Adolescents" or similarly comprehensive and authoritative protocols. The agency is substantially compliant with this provision and no corrective action is required. 115.321(c) It was reported in the PAQ that the Residential Cottages offers all residents who experience sexual abuse access to forensic medical examinations. In DYRS PREA Policy 2.13.IV.I.2, states that resident victims of sexual abuse will be referred to A.I. Dupont or Christiana Care Hospital for New Castle County for medical interventions. Existing is the Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults between the Christiana Care Hospital SANE coordinator, DYRS director, and PREA coordinator. The affirmation states that forensic examinations are made available without consideration of cost to the youth where evidentiary or medically appropriate. The affirmation assured those forensic medical examinations would be completed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) or other qualified medical practitioners. According to PREA coordinator, IA, and documentation provided in the PAQ, there were no forensic medical examinations sent to A.I. Dupont or Christiana Care Hospital within the prior 12 months from the Residential Cottages. Interview with SANE Coordinator confirmed that there was an existing agreement with DYRS for forensic examinations. There were no residents sent to the hospital for a forensic examination as a result of an allegation of sexual abuse from the Residential Cottages. The agency is substantially compliant with this provision and no corrective action is required. 115.321(d) The facility reported that there has been attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. Through a memorandum of agreement, Survivors of Abuse Recovery, Inc. (SOAR) and YRS have an agreement for SOAR to provide victim support services to individuals who have been a victim of sexual abuse. The services include support during forensic medical examinations and emotional support during the investigative process,

	counseling while in custody, and counseling in the community. The agreement requires that qualified staff members provide advocacy services. DYRS Policy 2.13.IV.E.4, referenced that youth shall be made aware of community agencies, addresses, and contact information of victim advocates that provide emotional support services related to sexual abuse. The PREA compliance manager confirmed the agency has an existing MOA with SOAR to provide victim advocacy and emotional support to residents that have experienced sexual abuse. Further, it was stated that through existing language in the MOU, the facility ensures compliance with the mandated requirements of having a qualified person providing services. According to PREA coordinator, referrals for victim advocacy can be requested by residents with prior victimization that occurred in either the community or in another facility. The facility is substantially compliant with this provision and no corrective action is required. 115.321(f) According to Residential Cottages in the PAQ, if requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The facility reported in the PAQ that it makes attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. Through a memorandum of agreement, Survivors of Abuse Recovery, Inc. (SOAR) and DYRS have an agreement for SOAR to provide victim support services to individuals who have been victims of sexual abuse. The services include support during forensic medical examinations and emotional support during the investigative process, and counseling while in custody. The PREA compliance manager confirmed that if requested that a resident that experienced sexual abuse at Residential Cottages would be provided a victim advocate and emotional support through SOAR. Residents are made aware of the availability of victim advocacy and emotional support in the comprehensive PREA training and the Residential Cottages Safety Guide. In the affirmation between DYRS and Christiana Care Hospital there is reference that the hospital would make available to the victim, a victim advocate, qualified agency staff member, or a qualified community-based organization member with support through the forensic medical examination process, investigatory interviews, and assist in providing emotional support, crisis intervention, information, and referrals.

	The agency is substantially compliant with this provision and no corrective action is required. 115.321(f) DYRS confirmed in the PAQ that the agency has requested that the agency responsible for investigating administrative and criminal allegations of sexual abuse follow the requirements set by the PREA mandates required 115.321(a)-(e). Delaware State Police (DSP) conducts criminal investigations for allegations of sexual abuse at the Residential Cottages. DYRS and the DSP implemented the Affirmation of Compliance with Investigative Standards for Sexual Assaults 12/23/2025. Additionally, there is the State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect 5/18/2022. Both documents include the requirements mandated by PREA Standard 115.321(a)-(e). The agency is substantially compliant with this provision and no corrective action is required. It is evident from policy, memorandums, documentation and interviews that the facility ensures evidence protocols are adhered to and forensic medical examinations are conducted. Within agency policy, DYRS is responsible for conducting administrative sexual abuse investigations in cases in which the Child Abuse and Neglect Report Line screens an allegation of sexual abuse. When it is determined that the allegations meet the criminal threshold by IA, criminal sexual abuse allegations are conducted by the DSP in conjunction with IA. The State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect 5/2022, the Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults 4/2023, and the Affirmation of Compliance with Investigative Standards for Sexual Assaults 12/23/2025 are developmentally appropriate protocols for youth. The three protocols are in alignment with the US Department of Justice’s Office on Violence Against Women publication, “National Protocol for Sexual Assault Medical Forensic Examination, Adult/Adolescents.” DYRS provides forensic medical examinations utilizing the SANE/SAFE from Christiana Care Hospital. Through an existing MOU with SOAR, Residents are provided victim advocacy services. Based on this analysis, the agency substantially meets compliance with this standard and no corrective action is needed.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13 DYRS 2.13.IV.B. 2. DYRS PREA Policy 2.13 DYRS 2.13.IV.G. 1-3 3. DYRS PREA Policy 2.13 Attachment A: Sexual Incident Form 4. DYRS PREA Policy 2.13 Attachment B: Investigative Summary Template 5. DYRS PREA Policy 2.13 Attachment C: Substantiated Sexual Abuse or Sexual Harassment Form: Perpetrator Information-Adult Perpetrator 6. DYRS PREA Policy 2.13 Attachment C: Substantiated Sexual Abuse or Sexual Harassment Form: Perpetrator Information-Youth Perpetrator 7. DYRS PREA Policy 2.13 Attachment C: Substantiated Sexual Abuse or Sexual Harassment Form: Victim Information 8. DYRS PREA Policy 2.13 Attachment D: Notification of Investigation 9. DYRS PREA Policy 2.13 Attachment E: Sexual Abuse Incident Review of Substantiated or Unsubstantiated Investigations 10. Affirmation of Compliance with Investigative Standards for Sexual Assaults with Delaware State Police 11. DYRS Policy Reportable Events 2.12 12. DYRS Policy 21.2 Reportable Event Form 13. Child Sexual Abuse Protocol Memorandum of Understanding 14. Policy 309 Removal of Employee from the Workplace Interviews: 1. Agency head 2. Investigative staff Findings (by Provision): 115.322(a): In the PAQ, the DYRS reported they ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Although a policy is not required for this provision, the agency relies on DYRS PREA Policy 2.13.IV.B., that states all allegations of sexual abuse or sexual harassment will receive an administrative investigation and if warranted, a criminal investigation. The policy details that all allegations of sexual abuse and sexual harassment that involve potentially criminal behavior will be referred to the

	Delaware State Police (DSP) by institutional abuse for joint investigation. DYRS provided an Affirmation with DSP that requires they follow investigative protocol consistent with PREA. Agency investigators (IA) follow the Child Sexual Abuse Protocol Memorandum of Understanding that outlines all aspects of a sexual abuse investigations including roles in joint investigations. The facility reported in the PAQ there was one sexual abuse allegation reported in the prior 12 months that resulted in an administrative investigation, but it was not investigated criminally. In the preceding 12 months, there were two sexual harassment allegations reported or investigated administratively. There were two sexual harassment allegations that were received via the grievance process that was not investigated either administratively or criminally. The agency head reported that the agency does ensure that administrative and criminal investigations are conducted. Initially, the Child Abuse and Neglect Reporting Line is contacted, and if Institutional Abuse (IA) does not proceed with investigation, the facility PREA investigator administratively conducts the investigation. The facility PREA investigator is assigned from another DYRS operated facility. If IA investigates, a determination would be made to involve DSP if allegation is criminal in nature. The facility is not substantially compliant with this provision and corrective action is required. 115.322(b) 1-3: In the PAQ, the agency reported that they have a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. DYRS PREA Policy 2.13.IV.G.1-3, references that all allegations of any sexual abuse or sexual harassment are reported to the Child Abuse and Neglect Report Line and screened for institutional abuse investigation. For the Residential Cottages, IA may complete a joint investigation with the Delaware State Police for allegations that involve potentially criminal behavior. Institutional abuse will investigate all matters involving staff actions that may not be potentially criminal behavior but still violates PREA. Any allegation that IA does not investigate will be administratively investigated by DYRS PREA investigators. In the PAQ, the facility outlined in the Child Sexual Abuse Protocol (MOU), mandates that reports of child abuse or neglect be made to the appropriate authorities. In the PAQ, the agency reported the policy regarding referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency's website or made publicly available via other means. For public access, the agency publishes DYRS PREA Policy 2.13 on the agency's website https://kids.delaware.gov/policies/. The auditor reviewed the agency's website and determined that updated PREA

	Policy 2.13 is available on the website. Additionally, the facility has an existing memorandum with (DSP). The agency relies on DYRS Policy Reportable Events 2.12 Form as evidence that all referrals of allegations of sexual abuse or sexual harassment for criminal investigation is documented. The auditor requested the prior 36 months of investigations of allegations of sexual abuse and sexual harassment. A review of the records and tracking sheets confirms the agencies process with documenting referrals and allegations of sexual abuse and sexual harassment. The auditor was able to determine that there were no criminal cases of sexual abuse or sexual harassment received during the audit period for the Residential Cottages. During an interview, IA and the facility investigator responded that all criminal allegations of sexual abuse and sexual harassment would be referred to DSP. The auditor was able to interview a representative of DSP who would be responsible for conducting criminal investigations for allegations of sexual abuse and sexual harassment at the Residential Cottages. DSP reported they have the legal authority and did not have any sexual abuse or sexual harassment cases in the prior 12 months that occurred at the facility. The evidence shows that the agency has a policy that outlines the investigation process for reporting sexual abuse and sexual harassment. The agency's Child Sexual Abuse Protocol (MOU) does establish a reporting requirement to the appropriate law enforcement for all criminal offenses identified in the sexual abuse protocol and documenting that contact. The facility is substantially compliant with this provision and no corrective action is required. 115.322(c): DYRS PREA Policy 2.13.IV.G.1, describes the responsibility for conducting criminal investigations for Institutional Abuse (IA) and the Delaware State Police (DSP). The agency's policy is published on the agency's website that IA and DSP conduct joint criminal investigations. Also, there is an existing memorandum of understanding between the Residential Cottages and DSP. During an interview, facility investigator stated that all allegations of sexual abuse and sexual harassment that are deemed criminal are referred to DSP. The auditor was able to interview a representative of DSP who would be responsible for conducting criminal investigations for allegations of sexual abuse and sexual harassment at the Residential Cottages. It was reported they have not had any sexual abuse or sexual harassment cases in the prior 12 months that occurred at the facility. The representative from DSP was able to describe to the auditor the investigative process for allegations of sexual abuse at the Residential Cottages. The facility is substantially compliant with this provision and corrective action is not required.

DYRS has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. The information regarding referrals is published on the agency's website. It is verified through the PAQ, interviews, policy, and documentation review that administrative and criminal investigations are conducted. The evidence shows that Residential Cottages does conduct administrative investigations, but it does not contact the Child Abuse and Neglect Report Line in accordance with DYRS Policy 2.13 which is to initiate all PREA related investigations of sexual abuse and sexual harassment through the report line. There were two grievance that alleged sexual harassment that was not process as mandated.

Based on review of the information received, the auditor finds the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility shall conduct a mock scenario of an allegation of sexual harassment reported by a grievance. The facility will provide auditor the copy of the scenario including all documentation.

Verification of the Corrective Action since the onsite PREA audit:

In response to the corrective action, Residential Cottages conducted and submitted mock sexual harassment documentation via OAS on 6/2/2026. The following documents were submitted:

- Residential Cottages Resident Grievance/Complaint Form 4/28/2026
- Investigative Summary Template 5/6/2026
- Sexual Incident Form 4/28/2026
- Substantiated Sexual Abuse or Sexual Harassment Form: Victim Information
- Substantiated Sexual Abuse or Sexual Harassment Form: Perpetrator Information
- Notification of Investigation 5/8/2026
- Sexual Abuse Incident Review of Substantiated or Unsubstantiated Investigations 5/22/2026

Corrective Action Intent:

The intent of this corrective action was to ensure that the Residential Cottages conduct administrative and/or criminal investigations for all allegations of sexual abuse and sexual harassment including grievances. Based on the review of the documentation provided, the facility has demonstrated the ability to identify and process allegations in accordance with the PREA standards. The auditor finds the facility substantially compliant with PREA standard 115.322(a).

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS Policy 2.13.IV.C.1 2. DSCYF Prevention, Detection, and Response to Sexual Abuse in DYRS Custody 2025 3. Rosters for Residential Cottages PREA Orientation, Refresher Training, and Annual PREA Policy review 4. Staff Roster 5. Personnel Files 6. Pre-Audit Questionnaire (PAQ) Interviews: 1. Random Staff 2. Medical Staff 3. Mental Health Staff 4. PREA Coordinator 5. Center for Professional Development Trainer Findings (by Provision): 115.331(a)-1-11: According to information provided on the Pre-Audit Questionnaire (PAQ), DYRS trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment and all other training required under PREA standard 115.331(a)-1-11. Though not required, DYRS has implemented Policy 2.13.IV.C.1.a-d to address PREA training for all employees. The policy states that all department staff working with or monitoring programs/services of youth in secure care and community services must receive PREA training. Further, the policy details that the Center for Professional Development will provide training to all new DYRS employees during orientation. Review of seven new hires and one rehired personnel file substantiated the practice of the agency providing PREA training during orientation. All new hires are provided in-person PREA training during their orientation at the Center for Professional Development. Additionally, the policy addresses DYRS staff completion of PREA refresher training every 2 years. This training is provided via the Delaware Learning Center's database. Review of the training roster demonstrated the practice that all staff at the Residential Cottages completed PREA Refresher training apart from individuals

on leave.

The years that that an employee does not receive PREA refresher training, refresher information must be provided on current sexual abuse and sexual harassment policies. This information is delivered via the Delaware Learning Center's database. DYRS staff are to renew this training every two years. The training will include, but not be limited to, complaint recipient responsibility, how to report an incident, coordinated responses duties, investigations, and how to access victim services. Annually, DYRS requires an electronic review of the agency's PREA policy through the training center's database. All Residential Cottages staff had completed the task of reviewing the PREA policy by the end of the onsite audit on 2/19/2026 with the exception of individuals on leave.

The PowerPoint titled DSCYF Prevention, Detection, and Response to Sexual Abuse in DYRS Custody was provided in Pre-Audit Questionnaire (PAQ). This training is delivered in person during the PREA orientation for new hirers. The training is based on the Moss Group training materials for PREA.

Elements within the training are designed to provide comprehensive training on PREA. The training begins with the agency's Zero Tolerance Policy; there is specific language on slide eight. The slide was titled Zero Tolerance Policy, and underneath, the slide reads DYRS commits to full compliance with the Prison Rape Elimination Act (PREA). There are 2 statements that are bulleted. The first bullet states DYRS has a zero-tolerance for any incidence of sexual abuse of youth in our care, and the last bullet details any type of forced or unwanted sexual activity, touching or sexual harassment between youth or any type of sexual activity or sexual harassment between staff and youth is criminal and prohibited. Further in the training, the agency trains staff in the mandated subject areas.

DSCYF Prevention, Detection, and Response to Sexual Abuse in DYRS Custody PowerPoint

Subject Matter	Slide Number
Agency's Zero Tolerance Policy for sexual abuse and sexual harassment	Slide 8
Responsibilities of prevention, detection, reporting, and response policies and procedures	Slides 45-73
Right of residents to be free from sexual abuse and sexual harassment	Slide 9
Right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment	Slides 9,50,54,96
Dynamics of sexual abuse and sexual	Slides 5, 26,34,36,37,40,81

harassment	
Common reactions of juvenile victims of sexual abuse and sexual harassment	Slides 26,41-43
How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse	Slides 13-22
How to avoid inappropriate relationships with residents	Slides 89-96
How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents	N/A
How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities	Slides 50-53

Review of the PREA training refresher roster, the auditor was able to determine that all staff with the exception of staff on leave had received the PREA refresher training through the Center of Professional Development. This information is based on the PREA training roster dated 12/06/2025. The DYRS practices a monthly review of PREA training records to ensure that training is completed in a timely manner for each facility. The review of a sample of seven new hire files yielded that all seven new hires completed PREA orientation training. The rehire also completed the required PREA orientation training.

Utilizing the PREA protocols for random staff, the auditor found that all fourteen random staff interviewed stated that they had received PREA training at orientation or during the implementation of PREA mandates at DYRS. Also, they had confirmed that they had received PREA refresher training through the Delaware Learning Center Database for both the PREA refresher and the annual PREA policy review.

The agency is substantially compliant with this provision, and no corrective action is required.

115.331(b)-1-2

According to the PAQ, training is tailored to the unique needs and attributes and gender of the residents at the Residential Cottages. DYRS provides services to both genders at the residential Cottages. Historically, DYRS staff are trained to provide services to both males and females, and the staff is used at all DYRS facilities. During the interview with the trainer at the learning center, it was confirmed that all

	staff are provided with comprehensive training to work with both males and females. The agency is substantially compliant with this provision, and no corrective action is required. 115.331(c)1-2 In accordance with DYRS Policy 2.13.IV.A.1.b., employees are required to participate in PREA refresher trainings. Based on random interviews from facility staff, they were provided PREA refresher training electronically. Based on the PAQ and the interview with the trainer at the Center for Professional Development, the PREA refresher training is prompted online every 22 months. Annually, as a part of the training modules DYRS provides PREA policy information through the Delaware Learning Center database. Review of the PREA training roster, the auditor was able to determine that all staff with the exception of those on leave, completed the PREA refresher training through the Center of Professional Development. The agency is substantially compliant with this provision, and no corrective action is required. 115.331(d)-1 Reported in the PAQ, the agency confirmed that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. The agency provided the roster from the PREA orientation, PREA refresher, and the annual PREA policy review. The trainer informed the auditor that the staff electronically sign once they complete the course. Additionally, it was commented in the PAQ that annually employees must review and acknowledge understanding of the PREA policy electronically. Review of transcripts of new hires provided evidence that staff receive comprehensive PREA training during orientation. The training meets all PREA standard requirements of 115.331(a). The agency is substantially compliant with this provision, and no corrective action is required. The agency provides training on the agency’s zero-tolerance policy for sexual abuse and sexual harassment. All employees who may have contact with residents are trained in accordance to PREA standard 115.331 (a)1-11. The agency provides PREA refresher training through the Delaware Learning Center’s database. The PREA refresher roster has shown that almost all the staff scheduled for PREA refresher training have completed the requirement. The agency provided documentation on maintaining electronic signature. Based upon this analysis, the facility is substantially compliant with this standard and corrective action is not required.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS 2.13.III 2. DYRS 2.13.IV.C.1 3. Residential Cottages Volunteer and Contractor Roster 4. PREA Acknowledgement Form for Hiring/Promotion 5. PREA Training Volunteer/Contractor Acknowledgement Form Interviews: 1. Volunteer 2. Contractors Findings (by Provision): 115.332 (a): Residential Cottages reported on the pre-audit questionnaire (PAQ) that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. According to DYRS 2.13.III, staff are defined as any Department employee, volunteer, contractor, official visitor, or other agency representative. Further in DYRS 2.13IV.C.1, all department staff working directly with or monitoring programs/services of youth in secure care and community services must receive PREA training. Volunteers and contractors are to be trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment. It was reported in the PAQ that there was one volunteer and sixteen contractors. It was confirmed by the PREA compliance manager that volunteer and contractor training was completed at the Residential Cottages by a program manager. The training included a document that contained an overview of the PREA Policy 2.13. The contractors and volunteers sign an acknowledgement form of participation and understanding. The practice was further confirmed during the auditor's review of the training documentation and acknowledgement forms included in the supplemental files of the PAQ.

	The facility is substantially complaint with this provision, and no corrective action is required. 115.332(b) According to the information provided in the PAQ, the Residential Cottages' level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. Based on the information provided from interviews with the volunteer and the contractors and the policy used for training, the PREA training is based on the services that are provided and the level of contact with residents. According to the volunteer and contractors, they were made aware of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment via the PREA Policy 2.13, and they are given a copy of information provided during training. The facility is substantially complaint with this provision, and no corrective action is required. 115.332(c) DYRS maintains documentation confirming that volunteers and contractors understand the training that they have received, and the receipt of a copy of PREA Policy 2.13. Uploaded in the PAQ, the auditor located documentation of understanding from the volunteers and contractors. The PREA Training Volunteer/ Contractor Acknowledgement Form is signed to show that the volunteer or contractor understands the agency's zero-tolerance policy, the role as a mandatory reporter, and their reporting responsibilities in cases of sexual harassment or sexual abuse. The facility is substantially complaint with this provision, and no corrective action is required. It is evident by interview and documentation that volunteers and contractors have received training on the agency's zero-tolerance policy, and the type of PREA training received is based on the services provided and the level of resident contact. The documentation for this training is maintained by the agency. Based on the analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.333	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. DYRS PREA Policy 2.13.IV.C.2.a-b.
2. DYRS PREA Policy 2.13.IV.C.2.c
3. Policy 2.13.IV.C.2.d
4. Residential Cottages Resident's Handbook page 6
5. Residential Cottages Resident PREA safety Guide: What You Need to Know About Sexual Abuse/Assault and Harassment Pamphlet-English
6. Residential Cottages Resident PREA safety Guide: What You Need to Know About Sexual Abuse/Assault and Harassment Pamphlet- Spanish
7. Residents PREA Orientation Acknowledgement Form
8. Residents PREA Comprehensive Acknowledgement Form
9. PREA Video with close caption capability
10. Pre-Audit Questionnaire (PAQ)
11. Pictures of PREA Related Postings at Mowlds, Grace, and Snowden
12. Resident Files

Interviews:

1. Intake Staff
2. Resident Interview Questionnaire

Site Review:

1. Observe Mock Intake Process 2/19/2026
2. Observe Mock Comprehensive Process 2/19/2026
3. PREA Video
4. Review of PREA Related Posters

Findings (by Provision):

115.333(a): 1-3

Residential Cottages reported in the PAQ that residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. According to DYRS Policy 2.13.IV.C.2.a-b, all youth in secure care shall receive PREA orientation and comprehensive training. Specifically, the policy states that during the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Documented in the PAQ, Residential Cottages provided 11 residents files with PREA acknowledgements of orientation at intake. Residents were provided with information by a video in an age-appropriate fashion, and they were also provided the Residential Cottage's Handbook and the pamphlet, and Residential Cottages Resident PREA Safety Guide. The handbook contained a section pertaining

	to PREA. At intake, residents are provided with the handbook and handout, and they view a portion of the PREA video. On page 6 of the handbook, it specifies the following information: • Agency’s Zero-Tolerance Policy • Definition of sexual abuse and sexual harassment • Prevention/Intervention • Reporting • Victim Support Services On the phamphlet, residents were provided with the number to dial in order to reach the Child Abuse and Neglect Report Line on the phones in the cottages and the MPF. Review of 11 random resident files yielded that all residents obtained training during orientation. Also, a terminated file was selected, and there was proof of PREA orientation at intake. According to the intake staff, residents receive information about the agency’s zero-tolerance policy and provided information on how to report incidents or suspicions of sexual abuse and sexual harassment during intake. All intakes including those from other facilities obtain information about the agency’s zero-tolerance policy on sexual abuse and sexual harassment from the PREA intake orientation, resident handbook, phamplet, and watching part of the PREA video. There were 11 residents interviewed, and all residents stated that they had received information pertaining to the agency’s zero-tolerance for sexual abuse and sexual harassment. The residents confirmed receiving PREA information during intake. On the last day of the onsite audit, the auditor had an opportunity to observe a mock intake on 2/19/2026. Mock interview was conducted and training documentation provided. There were no residents that were limited English proficient during the onsite audit. The facility does have a translation/language line service if necessary. During interviews with random residents, it was disclosed that additional assistance is available by both operation and education staff if necessary for reading and comprehension of training materials. The agency substantially meets compliance with this provision, and no corrective action is needed. 115.333(b) Residential Cottages reported on the PAQ that 65 residents had taken the PREA comprehensive training. Of the 11 resident files, all the residents had obtained comprehensive PREA training within 10 days of intake. According to DYRS Policy 2.13.IV.A.2.a-b, all youth in secure care shall receive PREA orientation and/or

	training. The policy states that within 10 days of the intake the secure care program is responsible for implementing a more comprehensive PREA training. Comprehensive training is provided by the PREA compliance manager or designee. According to the PREA compliance manager, residents watch the entire PREA video and there is a follow up about resident rights along with a copy of the Residential Cottages Resident PREA Safety Guide. In the PAQ, the auditor was provided with a form titled: Residential Cottages PREA Comprehensive Training Acknowledgement Form. The document is utilized to document completion and understanding of the comprehensive PREA training. The auditor reviewed 11 random resident files. Out of the 11 resident files, all of the resident files contained the completed Comprehensive PREA Acknowledgement forms. During the interview with PREA compliance manager, it was stated that a program manager conducts comprehensive PREA training. Further, the auditor inquired to the residents if they were informed about there right not to be sexually abused or sexually harassed, and all 13 residents affirmed that they were aware. The auditor questioned the residents if they were aware of how to report sexual abuse and sexual harassment, and the 13 residents said that they were aware. Also, they were informed that they had a right not to be punished for reporting sexual abuse or sexual harassment. Residents were asked when they received the information. The residents stated that they learned during their PREA training. When the Auditor reviewed the 13 Residents PREA Comprehensive Acknowledgement Forms, all forms were dated within the 10 days of intake. The agency is substantially compliant with this provision, and no corrective action is required. 115.333(c) The Residential Cottages responded on the PAQ that there were no residents who did not receive comprehensive PREA training within 10 days. The auditor determined from the documentation submitted and the review of resident files that the facility practice is conducting comprehensive PREA training within 10 days of intake. DYRS PREA Policy 2.13.IV.C.2.c states that all residents in secure care must receive PREA orientation and comprehensive training. According to the PREA coordinator, all residents receive PREA orientation and PREA comprehensive training regardless of their status during admission to the facility. It does not matter if the resident was admitted to the facility in a prior instance or was transferred from another facility. The agency is substantially compliant with this provision, and no corrective action is required. 115.333(d)-1-5 According the PAQ, resident PREA education is available in formats accessible to all residents, including those who are limited English proficient. DYRS Policy 2.13.IV.C.2.c., ensures that youth with disabilities and language barriers are given

	the same information to prevent, detect, and respond to sexual abuse and sexual harassment in a format supportive of the disability or language barrier. Additionally, DSCYF Policy 118 ensures that individuals do not face discrimination and/or obstacles to receiving benefits or services for which they may be eligible. The agency has an existing contract that provides translation and interpretation services to residents, as well as their guardians. Based on the documents provided in the PAQ, resident PREA education is available for limited English proficient residents. Spanish is the second language spoken in Delaware. The following items are available at the Residential Cottages in Spanish: • Residential Cottages Resident's Handbook • Residential Cottages What You Need to Know About Sexual Abuse/Assault and Harassment Pamphlet There is an existing contract to provide interpretative and translation services for limited English proficient residents. For residents that are deaf, there are vendors on the state contract that can provide sign language services at no cost to the residents. Also, PREA training is available by video with close captioning. The Residential Cottages has the capability to enlarge PREA training materials for residents that are visually impaired. Additionally, the facility has signs throughout that are very large containing PREA-related information. For residents that have limited reading skills, there is the PREA video. There were 11 residents at the facility that received special education services. During their interviews, they disclosed that assistance by staff was available to provide support in understanding information if additional help was needed. The agency is substantially compliant with this provision, and no corrective action is required. 115.333(e)-1 Confirmation of the agency maintaining documentation of resident participation in PREA education sessions was provided in the PAQ. Documentation of PREA orientation and comprehensive trainings participation were located in all 11 resident files. The agency is substantially compliant with this provision, and no corrective action is required. 115.333(f)-1 The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. Residential Cottages does ensure that the agency's PREA policy is continuously and readily available. During the site review, the auditor observed that there were several PREA-related posters throughout the Residential

	Cottages. The facility submitted photographs of the posters in the PAQ. The facility created PREA posters that were enlarged to a size that is comparable to walls in the facility. The posters were in both English and Spanish, and they included the Child Abuse and Neglect Report Line number and the resident's rights to be free from sexual abuse and sexual harassment. The posters were located in all three cottages, as well as the multi-purpose building. The facility provided pictures in the PAQ. There were accessible PREA-related pamphlets located throughout the buildings. The agency is substantially compliant with this provision, and no corrective action is required. Evidence from policy, interviews, documentation and the site review demonstrated that the Residential Cottages provide information at the time of intake about the agency's zero-tolerance and how to report incidents or suspicions of sexual abuse and sexual harassment. The facility has demonstrated comprehensive PREA training is provided within 10 days of intake. The DYRS PREA Policy 2.13 states that all residents are provided with PREA intake and PREA comprehensive training. The agency does provide PREA education in formats that are accessible to all residents including students that are limited English proficient, vision impaired, deaf, or learning disabled. Based on the analysis, the facility is substantially compliant with this standard, and there is no corrective action required.

115.334	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS Policy 2.13.IV.C.3.a 2. Pre-Audit Questionnaire (PAQ) 3. 3 Moss Group Certificates PREA Juvenile Specialized Investigations Training 4. 1 National Institute of Corrections Certificates PREA: Investigating Sexual Abuse in Confinement Settings and PREA: Investigating Sexual Abuse in Confinement Settings: Advanced

Interviews:

1. Institutional abuse investigator (IA)
2. Facility PREA investigator

Findings (by Provision):

115.334(a)-1

DYRS reported that the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. DYRS Policy 2.13.IV.C.3.a specifically states PREA investigators are required to complete specialized training in conducting investigations in confinement settings. This training will include training on techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Gary warnings, how to collect evidence after sexual abuse incidents and the criteria and evidence needed to substantiate a case.

The agency has two institutional abuse investigators that are trained to conduct PREA investigations. To investigate allegations that may not reach the threshold for institutional abuse investigators, there is one agency level PREA investigator and one facility staff investigator that are trained to conduct PREA investigations for administrative allegations.

During the interview with the Institutional Abuse PREA investigator, the investigator recalled several topics that were included in the Moss Group's virtual training. The training included interviewing juveniles, evidence preservation, and report writing.

The facility PREA investigators were virtually trained by the National Institute of Corrections. The facility investigator attended two separate trainings titled PREA: Investigating Sexual Abuse in Confinement Settings and PREA: Investigating Sexual Abuse in Confinement Settings: Advanced. During interviews, the facility investigator was able to determine the difference between an administrative investigation versus a criminal investigation. There was recall of the training on evidence preservation and reporting. Additionally, it was confirmed training in the required PREA topics for investigations.

The agency is substantially compliant with this provision, and no corrective action is required.

115.334(b)

According to the PAQ, specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. During the interviews with PREA investigative staff and reviewing training certificates, it was determined that all four investigators had received specialized training in conducting sexual abuse investigations in confinement settings. There

	was a recall by both the IA PREA investigator and the facility PREA investigator of training pertaining to securing the crime scene, criteria for substantiating a case, collecting circumstantial evidence, and interviewing of witnesses and the alleged victim. Moss Group's virtual course "PREA Juvenile Specialized Investigations Training" was 6 hours. It contained the following: • PREA and PREA Investigation Standards • Conducting Investigations in Confinement • Techniques for Interviewing Victims • Miranda and Garrity Use • Evidence Collection in Confinement • Substantiating a Case/Prosecutorial Referral The auditor has reviewed the curriculum for the 3-hour NIC course, and the training delivered contained the same as above and it met the criteria required for the PREA mandate. The agency is substantially compliant with this provision, and no corrective action is required. 115.334(c): DYRS reported that the agency maintains documentation showing that investigators have completed the required PREA training. In the PAQ the agency submitted 5 PREA investigators training certificates. The agency maintains the copies of the two certificates for the institutional abuse investigators and the three certificates for the agency PREA investigator and the facility PREA investigator. The facility PREA investigator attended two separate courses and received a certificate for both. The agency is substantially compliant with this provision, and no corrective action is required at this time. 115.334(d): Auditors are not required to audit this provision. The agency is substantially compliant with this provision, and no corrective action is required at this time. Based on interviews, documentation and policy, DYRS demonstrated utilizing investigators with appropriate PREA training when conducting investigations of sexual abuse and sexual harassment. The agency ensures through DYRS Policy 2.13.IV.C.3.a that PREA investigations are conducted by certified investigators in conducting investigations in confinement. The Moss Group and NIC training includes subject matter in accordance with PREA provision 115.334(b). The agency maintains documentation of certificates for all four investigators.

	Based on this analysis the agency substantially meets this standard, and no corrective action is required.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.III.A 2. DYRS PREA Policy 2.13.IV.C.1. 3. DYRS Policy 2.13.IV.C.3.b 4. Affirmation of Compliance with Forensic Examinations Standards for Sexual Assault 4/12/2023 5. Pre-Audit Questionnaire (PAQ) 6. NIC PREA 201 Certificates 7. PREA Training Roster 8. PREA Refresher Certificates Interviews: 1. Medical Staff 2. Mental Health Staff Findings (by Provision): 115.335(a): -1 According to the pre-audit questionnaire, the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. DYRS Policy 2.13.III.A includes the medical and mental health personnel as staff. The policy states that staff for the purpose of this policy, staff are defined as any Department employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends and other visitors). Further within Policy 2.13.IV.C.1, it is quoted that all staff working directly with or monitoring programs/ services of youth in secure care and community services must receive PREA training. During the onsite PREA audit, there are 21 out 24 medical and mental health staff that are compliant with the PREA training requirement. DYRS Policy 2.13.IV.C.3 is specific to medical and mental health practitioners receiving specialized training. Cited in the policy are the specialized training requirements:

- Detection and the assessment of signs of sexual abuse and sexual harassment.
- The preservation of physical evidence of sexual abuse.
- Responding effectively and professionally to juvenile victims of sexual abuse and sexual harassment.
- How and whom to report allegations or suspicions of sexual abuse and sexual harassment.

These topics are additional to the general training given to all employees. To comply with the PREA standard for medical and mental health specialized training, DYRS medical and mental health practitioners take the NIC PREA 201 training for medical and mental health practitioners. Documented on the medical/mental health PREA Roster were 24 who work regularly at the facility. There were 22 of those 24 employees that were compliant with the requirement for specialized training for medical and mental health practitioners.

During the interview with medical and mental health practitioners, it was confirmed that staff are required to take the regular PREA training to fulfill the requirements of 115.335(a).

The agency is substantially compliant with this provision, and no corrective action is required.

115.335(b)

According to the PAQ, the facility's medical staff at the Residential Cottages do not conduct forensic medical exams. The medical practitioner responded that Residential Cottages does not conduct forensic medical examinations. In existence, there is an Affirmation of Compliance with Forensic Examinations Standards for Sexual Assault between DYRS and the Christiana Care Hospital, Newark, Delaware. Forensic examinations are performed at Christiania Care Hospital. If there is no SANE available, the resident would be transferred to A.I. Dupont Hospital for forensic examination.

The agency is substantially compliant with this provision, and no corrective action is required.

115.335(c)-1

Reported by the agency in the PAQ, the agency maintains documentation showing that medical and mental health practitioners have completed the required training. The agency maintains documentation of the specialized NIC PREA 201. Medical and mental Health practitioners' certificates were made available through the PAQ. In total, there were 22 out of 24 PREA 201 certificates made available through the PAQ.

The agency is substantially compliant with this provision, and no corrective action is required.

	115.335(d)-1 DYRS Policy 2.13.III.A includes the medical and mental health personnel as staff. The policy states that staff for the purpose of this policy, staff are defined as any Department employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends and other visitors). Further within Policy 2.13.IV.A.1 it is quoted that all staff working directly with or monitoring programs/ services of youth in secure care and community services must receive PREA training. There were 24 medical and mental health practitioners that worked regularly at the Residential Cottages. When reviewing certificates, there were 21 out of the 24 medical and mental health practitioners that received the training mandated for employees by PREA standard 115.331 and PREA standard 115.332. The agency is substantially compliant with this provision, and no corrective action is required. Based on policy, interviews, and documentation, it is evident that the agency requires mandated specialized training for medical and mental health practitioners. DYRS PREA Policy 2.13 does have language that requires specialized PREA training for medical and mental health practitioners. Medical and mental health practitioners are trained in the PREA specialized training for medical and mental health practitioners. The agency does maintain documentation of completion of the required specialized training for medical and mental health practitioners and the required PREA training in accordance with PREA standard 115.331 and PREA standard 115.332. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.341	**Obtaining information from residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.IV.D.1. 2. Policy 3.8 PREA Risk Assessment Classification of Youth Section IV.A.1. 3. PREA Risk Assessment and PREA Recommendation Decision Tree 4. 13 Resident Files 5. 13 Risk Assessments 6. PAQ

	Interviews: 1. Staff responsible for risk screening 2. Random Residents 3. PREA coordinator 4. PREA compliance manager Findings (by Provision): 115.341(a): In the pre-audit questionnaire (PAQ), the agency responded that they have a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents within 72 hours and reassessed periodically throughout their confinement. Agency relies on PREA Policy 2.13.IV.D.1. that outlines DYRS shall use information obtained in intake, the referral documentation, and the PREA risk assessment to make housing, bed, program, education, and work assignments for youth with the goal of keeping all youth safe and free from sexual abuse and sexual assault. Housing, bed, program, education, and work assignments can change at any time during a youth's stay based on updated PREA risk assessments. The policy further requires a PREA risk assessment is completed by facility clinical staff within 72 hours of a new admission or transfer from another facility and residents are reassessed every 6 months thereafter. The facility reported in the PAQ, 65 residents entered the facility in the prior 12 months whose length of stay was 72 hours, or more was screened for risk of sexual victimization and risk of sexually abusing others was completed within 72 hours of admission. The auditors reviewed 13 resident PREA risk assessments and 13 resident files. In review of the 13 resident PREA risk assessments, the auditor found that residents were screened within 72 hours of admission to the facility. The PREA risk assessment form provides that the resident is being screened for victimization and abusiveness. During interviews with residents, all 13 residents recall being asked questions related to the PREA risk assessment by the mental health practitioner at intake within a few days of admittance to the facility. It was confirmed with staff that are responsible for risk screening that they conduct PREA risk screenings of residents upon admission to the facility within 72 hours of the intake process. When asked how often residents' risk levels are assessed, staff stated risk levels are as needed and reassessed every six months. At the time of the onsite audit, there were no residents that had been at the facility for longer than six months. The facility is substantially compliant with this provision and corrective action is not required.

	115.341(b): In the PAQ, the facility reported that a risk assessment is conducted using an objective screening instrument. DYRS utilizes a decision tree and risk assessment in all of the DYRS facilities. The agency provided a PREA risk assessment and decision tree for review. The auditor reviewed the PREA risk assessment and decision tree and was able to determine that the screening instrument was objective. The assessment had all the criteria mandated by PREA. The risk assessment screening instrument assist staff in ascertaining information that provides a resident's overall risk of sexual victimization or risk of abusiveness towards others. This assessment is conducted on the agency's resident database, FOCUS. The PREA risk assessment consists of a series of questions and information about the resident, and the PREA recommendation decision tree yields an outcome that could be used to inform staff of supervision needs for housing, bed, education and program placement. The facility is substantially compliant with this provision and no corrective action is required. 115.341(c): Upon review of the PREA risk assessment, it was determined by the auditor that the assessment contained all eleven key components required by the PREA mandates. During an interview with staff responsible for conducting risk screening, when asked what the initial risk screening considers, staff indicated questions of prior records, prior sexual history, charges, age, gender, sexual orientation, size, and mental health. Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required. 115.341(d): PREA Policy 2.13.IV.D. states DYRS shall use information obtained in intake, the referral documentation, and the PREA Risk Assessment to make housing, bed, program, education, and work assignments for youth with the goal of keeping all youth safe and free from sexual abuse and sexual assault. Housing, bed, program, education, and work assignments can change at any time during a youth's stay based on updated PREA risk assessments. Further, the policy details that upon intake, staff will ask the youth their gender identity. This information will be used for immediate safety and housing decisions. The formal PREA risk assessment is completed by facility clinical staff within 72 hours of a new admission or a transfer from another facility. During an interview with staff that conduct risk screening, when asked how information is ascertained, staff stated they obtain the information record review,

	questionnaire, and verbally and through mental health appraisal. All the information obtained from risk assessment is documented in the FOCUS database. The facility is substantially compliant with this provision and no corrective action is required. 115.341(e): In the PAQ, the provision requires that an agency implement appropriate controls on the dissemination within the facility of the responses to questions in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. During an interview with the PREA coordinator and the PREA compliance manager, when asked has the agency outlined who should have access to a resident's risk assessments within the facility in order to protect the resident's information from exploitation, staff indicated yes. It was disclosed that once a risk screening is conducted, an email recommendation is sent to administration. It was also determined from interviews that access to information in FOCUS was granted based on the staff person's position and information is disseminated regarding recommendations to the superintendent and program managers. The facility is substantially compliant with this provision and no corrective action is required. The evidence shows that the agency requires screening upon admission or transfer and periodic reassessments, which was verified through PAQ, policy, resident files, resident interviews, and staff interviews. Additionally, all of the criteria on the PREA risk screening are included in the risk assessment screening instrument, which was verified by comparison of PREA mandated criteria. It was determined by interview that the agency has controlled the level of access that each staff has in the FOCUS database to control and protect sensitive information. The evidence shows that information is obtained from talking with the resident, court records, file and focus database which is verified through the review of risk assessments and staff interviews. The agency's risk assessment is conducted using an objective screening instrument which was verified through PAQ, risk assessment, and the PREA recommendation decision tree. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Documents: 1. DYRS PREA Policy 2.13.IV.D 2. LGBTQI Policy 2.20.IV.E.1. 3. 13 Resident Files 4. 13 PREA Risk Assessments 5. Housing Unit Logs 6. Pre-Audit Questionnaire (PAQ) 7. PREA Risk Assessments with Notification of Correspondence Interviews: 1. PREA Compliance Manager 2. Staff Responsible for Risk Screening 3. Superintendent 4. Medical and Mental Health Staff Site Review Observation: 1. Resident Placement According to Risk Assessment 2. Physical Plant Findings (by Provision): 115.342(a): Reported in the pre-audit questionnaire (PAQ), the facility answered that they use information from risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The agency references PREA Policy 2.13.IV.D. that the PREA risk assessment is used to determine risk of sexual abuse victimization or sexual abusiveness toward other residents and will inform housing, bed, work, education, and program assignments for all residents. There is also a reliance on LGBTQI Policy 2.20.IV.E.1. that outlines that DYRS shall use information obtained in intake and referral documentation and the mental health assessment to make housing, bed, program, education and work assignments for youth with the goal of keeping all youth safe and free from sexual abuse and sexual assault. During interviews with the PREA compliance manager, when asked how the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse, it was stated recommendations are received from the risk assessment. During interviews with staff responsible for risk screening, when asked how the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment, staff stated that

	the information relegates housing placement, program placement, and staffing supervision. The auditor was able to determine from the risk assessments the notification of email correspondence from mental health department. The notification identified residents as having a PREA risk related factor are provided specific recommendations as it relates to housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required. 115.342(b): It was reported in the PAQ by the facility that there is a policy for residents at risk of sexual victimization that may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all resident's safe can be arranged. The facility also affirmed that the policy also requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. It should be notated that there is no locations within the Residential Cottages that a resident could be placed in confined isolation. There is a means to separate from other residents by placing in a different cottage. In the PAQ, the facility reported that in the past 12 months there were no residents at risk of sexual victimization placed in isolation that would have been denied access to daily large-muscle exercise, legally required educational programming or special education services. During interviews with staff, it was confirmed that there were no locations for confined isolation at the Residential Cottages. During the onsite review, the auditor observed the cottages, and there was no specific housing unit that was for confined isolation. At the time of the onsite review, there were no residents that were at risk of sexual victimization or alleged to have suffered sexual abuse. Also, the shift summaries provide information pertaining to resident status as well, and there was no indication of residents being isolated. The facility is substantially compliant with this provision and no corrective action is required. 115.342(c): This provision is no longer applicable to the compliance finding. 115.342(d): This provision is no longer applicable to the compliance finding. 115.342(e):

	This provision is no longer applicable to the compliance finding. 115.342(f): This provision is no longer applicable to the compliance finding. 115.342(g): This provision is no longer applicable to the compliance finding. 115.342(h): The facility reported in the PAQ that there were no residents isolated pursuant to paragraph b of this section in the past 12 months that required the facility to document a concern of a resident's safety. During the onsite review, the auditor did not observe any housing units that were utilized for isolation. A review of 13 resident files and housing logbooks did not reveal that residents were placed in isolation as outlined in this provision for risk of sexual victimization. The facility is substantially compliant with this provision and no corrective action is required. 115.342(i): Affirmed in the PAQ, every 30 days, the facility shall afford each resident described in paragraph h of this section to determine whether there is a continuing need for separation from the general population. The practice of isolation is not utilized at the Residential Cottages. During the onsite review, the auditor did observe housing units. A review of 13 resident files did not reveal that residents were placed in isolation as outlined in this provision housing unit logs did not reveal that residents were placed in isolation as outlined in this provision. The facility is substantially compliant with this provision and no corrective action is required. The evidence shows that the facility has demonstrated how the information obtained from the risk assessment is used to inform the facility of housing, bed, education and program assignments that would keep residents safe and free from sexual abuse which was verified by risk assessment, policy and staff interviews. The facility does not isolate residents, it was confirmed by observation and documentation review. Lastly, the facility did not have an incident where a resident was isolated at the facility as outlined in this provision that would prompt a 30-day review which was verified through interviews, observation, and documentation review. The facility does not practice isolation. Based upon this analysis, the facility is substantially compliant with this standard

	and corrective action is not required.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.E.1-3 2. Poster with Child and Abuse Report Line Number 3. Residential Cottages Handbook English/Spanish 4. Title 10 Courts and Judicial Procedure 5. Child Abuse Report Line Document 6. DYRS Prisoner Professional Practices Reportable Events 2.12 III.B.1- IV.B.3.b. 7. DSCYF PREA Academy Training Manual pp. 51-53. 8. Survivors of Abuse in Recovery (SOAR) Memorandum of Agreement 9. Email Correspondence Just Detention International (JDI) Operations Director 10. Pre-Audit Questionnaire Interviews: 1. Random staff 2. Resident 3. PREA compliance manager 4. Survivors of Abuse in Recovery (SOAR) Site Review Observations: 1. Observation during onsite review of physical plant postings. 2. Agency Website www.kids.delaware.gov/yrs/prea Findings (by Provision): 115.351(a): According to the pre-audit questionnaire (PAQ), DYRS responded that they provide multiple internal ways for residents to privately report sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. In PREA Policy 2.13 DYRS PREA Policy 2.13.IV.E-1 states that residents can privately

	report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment and cases where sexual abuse, harassment or retaliation might have happened because staff were neglectful or failed their responsibilities verbally to staff, by filing an emergency PREA grievance or by calling the Child Abuse and Neglect Report Line (1-800-292-9582). Further in the policy it states that staff shall accept any report of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. During the onsite review, the auditor observed postings with the outside victim advocate number and the PREA hotline number and information on how to report that included calling the report line at Dial #1. The auditor called the Child Abuse and Neglect Report Line and was able to confirm that all phones were operational in all three cottages. There were very large signs containing this information throughout the facility in both English and Spanish as well as attached to the telephone was the information in both languages. During interviews with random staff, all 14 random staff interviewed confirmed that residents have multiple ways to report sexual abuse, sexual harassment, retaliation, and neglect by calling the report line, reporting to staff, writing a grievance and via a third party. During interviews with residents, when asked about the multiple ways they can make a report, 12 out of 13 stated they could call the Child Abuse and Neglect Report Line, 8 out of 13 stated they could write a grievance, 4 out of 13 stated they could tell a staff member. All 13 residents were able to identify a means to report. The facility is substantially compliant with this provision and no corrective action is required. 115.351(b): In the PAQ, the agency reported that they provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency reported they do not provide information for immigrant services because the Title 10 Courts and Judicial Procedure prohibit detention of persons for civil immigration purposes. The agency relies on PREA Policy 2.13.IV.E.1, which states that a resident can make a complaint about sexual abuse and sexual harassment verbally to staff, filing an emergency PREA grievance, or calling the Child Abuse and Neglect Report Line. The report line is a designated 24-hour, seven days a week resource for residents to report abuse. There are large postings throughout the building detailing information, and on each phone in the housing units there are labels with the report line information. The agency relies on Title 10 courts and judicial procedure 1007 that outlines that the facility does not detain residents for immigration purposes. During interviews the auditor asked all the residents is there someone who does not work at this facility you could report to about sexual abuse or sexual harassment, 12 out of 13 stated they could call a family member, 5 out of 13 stated they could

	report to their therapist, probation officer, or parole officer. During the onsite review, the auditor did observe posting with the SOAR outside victim advocate number and the report line number and information on how to report that included calling the report line 1-800-292-9582 or #1. The auditor tested the report line and was able to speak to a live operator. The facility is substantially compliant with this provision and no corrective action is required. 115.351(c): In the PAQ, the agency reported that they have a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Staff are required to document verbal reports within 24 hours. The agency relies on PREA Policy 2.13.IV.E.2 that outlines staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties and Reportable events DYRS Policy 2.12 requires staff to report within 24 hours. During interviews with random staff, all 14 random staff affirmed if a resident alleges sexual abuse and sexual harassment they can do so verbally, in writing anonymously and through third parties. When asked do you document verbal reports, all 14 random staff stated yes. When questioned how long it takes to document after a resident makes a verbal report, all 14 staff stated immediately or ASAP. The facility provided the Reportable Event Policy and form as a means for staff to document report. According to the policy, the report must be documented no later than the end of the shift. During interviews with residents, when asked can you make a report of sexual abuse or sexual harassment either in person or in writing, all 13 random residents confirmed that they knew they could make a report of sexual abuse or sexual harassment in person or in writing. The facility is substantially compliant with this provision and no corrective action is required. 115.351(d): According to the information provided on the PAQ, the agency reported that they provide residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. During an interview, the PREA compliance manager stated that residents have

	access to grievance forms and a secured grievance box to help them make written reports of sexual abuse and sexual harassment and/or staff neglect or violation of responsibilities that may have contributed to such incidents. During the onsite review, the auditor located the grievance forms and secured grievance boxes. The auditor tested response time by submitting a grievance in one of the boxes. Within 24 hours, the box was checked by staff. The facility is substantially compliant with this provision and no corrective action is required. 115.351(e): In the PAQ, the DYRS reported that they have established and trained staff on the procedures to privately report sexual abuse and sexual harassment of residents. The agency relies on DYRS PREA Policy 2.13.IV.E.3 that states staff can privately report sexual abuse and sexual harassment of residents through their chain of command, facility administrator, PREA Coordinator, Child Abuse and Neglect Report Line and submitting an anonymous administrative report. Agency PREA Academy Training outlines that staff can privately report sexual abuse and sexual harassment through their chain of command, facility administrator, PREA coordinator, submitting an anonymous administrative report and calling the Child Abuse and Neglect Report Line 1-800-292-9582. A review of the agency website provides information for the public to the report line or contact local law enforcement to report any sexual abuse or sexual harassment allegations regarding any DYRS youth. During interviews with random staff, 14 out of 14 staff reported that they can privately report through the Child Abuse and Neglect Report Line and 2 out of 14 staff reported they can tell a supervisor. The facility is substantially compliant with this provision and no corrective action is required. The evidence shows that the facility has provided multiple ways for a resident to report sexual abuse, sexual harassment, retaliation, and staff neglect, which was verified through policy, resident interviews, staff interviews, safety guide, and posting in the facility. DYRS has proven that the facility has provided at least one way for a resident to report sexual abuse to a public or private entity or office that is not part of the agency which was verified through interviews, policy, and postings in the facility. DYRS does not provide information for consulate officials or relevant officials with Homeland Security because the court places a child in secure detention pending adjudication but not for civil immigration purposes. The agency has a policy that mandate that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Interviews with staff and residents are consistent with the requirements of the provision and the residents confirmed they knew they could make a report in person

	or in writing. The evidence shows that the agency has an established procedure for staff to privately report sexual abuse and sexual harassment of residents through calling report line and talking with a supervisor, administrator or PREA coordinator which was verified through interviews, training documentation, postings, and agency website. Lastly, the facility provides residents with access to make written reports through staff, third party, report line, and grievance form, which were verified through site review, interviews, posting in the housing unit, and grievance forms. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13 Section IV. E. 1. 2. Residential Cottages Handbook English/Spanish 3. Residential Cottages Grievance/Complaint Form 4. 117 Grievances Interviews: 1. Grievance coordinator Findings (by Provision): 115.352(a-g): In the PAQ, the agency stated that they are exempt from this standard as they do not have an administrative procedure that addresses resident grievances regarding sexual abuse. Review of DYRS PREA Policy 2.13.IV.E.1 outlines that residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment and cases where sexual abuse, harassment or retaliation might have happened because staff were neglectful or failed their responsibilities verbally to staff, by filing an emergency PREA grievance or by calling the Child Abuse and Neglect Report Line. The policy states that staff

must comply with child abuse reporting laws and will report any incident of sexual abuse and sexual harassment to the Child Abuse and Neglect Report Line.

In the Residential Cottages Resident Handbook, it outlines that a PREA grievance can be made at any time during your stay at the Residential Cottages and will be handled as an emergency grievance as it relates to your health, safety, and wellbeing. If your PREA grievance involves a staff member, that staff shall not receive any information referring to your PREA grievance. You may place your PREA grievance anonymously in the grievance box or you can give it directly to the superintendent or assistant superintendent. If placed in the grievance box, a PREA grievance will be submitted directly to the Superintendent's office by the Program Manager. This grievance will be immediately investigated.

There were two grievances pertaining to an allegation of sexual harassment that was processed administratively. The grievances were processed internally, but they were not reported to the Child Abuse and Neglect Report Line as per agency policy. The auditor reviewed 117 grievances.

The grievance coordinator confirmed there is a process for residents to file a grievance pertaining to sexual harassment, sexual abuse, retaliation for reporting, and the staff neglect or violation of responsibilities that may have contributed to such incidents. Any grievance that involves imminent sexual abuse will be processed immediately and go directly to the report line. Staff can help a resident make a complaint by assisting with a call to the report line. Residents can also submit a grievance related to sexual abuse through a third party, any staff or family members.

The facility is not substantially compliant with this provision and corrective action is required at this time.

The evidence shows that grievances that are related to sexual abuse or sexual harassment are not referred to the Child Abuse and Neglect Report Line as outlined in the agency policy. The grievances pertaining to sexual harassment have been processed through the grievance procedure.

The facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. Process all grievances involving any incident of sexual abuse and sexual harassment in accordance with DYRS PREA Policy 2.13.IV.E.1.
2. Provide auditor with all grievance complaints for the next 60 days with attached outcomes.
3. Train all staff responsible for processing grievances in DYRS PREA Policy 2.13.IV. E. 1.
4. Provide auditor with documentation that shows staff responsible for grievances have been trained in this process.

5. Revise the resident manual that there is no longer a Green PREA grievance form. All grievances are the same color. Provide auditor with the revised resident handbook in both English and Spanish.
6. The facility shall provide a prompt, thorough, and objective investigation of a mock scenario of a substantiated allegation of sexual abuse and a substantiated allegation of sexual harassment that was reported via the grievance box. The auditor shall be provided with the investigation of both scenarios and outcomes.

Verification of the Corrective Action since the onsite PREA audit:

In response to the corrective action, Residential Cottages submitted documentation via OAS on 6/2/2026, 6/3/2026, and 6/29/2026. The following documents were submitted:

- Grievance Process Training Roster 6/3/2026
- Residential Cottages Grievance Procedure
- Residential Cottages Handbook-English
- Residential Cottages Handbook-Spanish
- Residential Cottages Resident Grievance/Complaint Form 4/28/2026
- Investigative Summary Template 5/6/2026
- Substantiated Sexual Abuse or Sexual Harassment Incident Form 4/28/2026
- Substantiated Sexual Abuse or Sexual Harassment Form: Victim Information
- Substantiated Sexual Abuse or Sexual Harassment Form: Perpetrator Information
- Notification of Investigation 5/8/2026
- Sexual Abuse Incident Review of Substantiated or Unsubstantiated Investigations 5/22/2026
- 72 Grievances
- Residential Cottages Resident Grievance/Complaint Form 4/30/2026
- Investigative Summary Template 5/8/2026
- Substantiated Sexual Abuse or Sexual Harassment Incident Form
- Substantiated Sexual Abuse or Sexual Harassment Form: Victim Information
- Substantiated Sexual Abuse or Sexual Harassment Form: Perpetrator Information
- Notification of Investigation 5/8/2026
- Sexual Abuse Incident Review of Substantiated or Unsubstantiated Investigations 5/26/2026

Corrective Action Intent:

The intent of this corrective action was to ensure that the Residential Cottages process resident grievances in a manner consistent with agency policy and the PREA standards, specifically the requirement to notify the Child Abuse Report Line when allegations of sexual abuse or sexual harassment are identified.

The facility does not maintain an administrative grievance procedure for addressing

	sexual abuse allegations. Instead, consistent with agency policy, all allegations of sexual abuse or sexual harassment—whether reported verbally or identified within a written grievance are directed to the Child Abuse Report Line, and staff are mandatory reporters. The agency has no administrative remedies process for sexual abuse, the facility is exempt from PREA Standard 115.352(a) as defined in the PREA Audit System, but the facility was not identifying grievances appropriately. To strengthen practice, the facility trained staff responsible for processing grievances on how to identify sexual abuse and sexual harassment allegations within grievances and how to report them appropriately. The facility also clarified procedures for handling emergency grievances in the resident handbook to ensure residents understand how allegations are addressed. Based on the documentation reviewed including mock grievance scenario, grievances, and staff training materials/rosters the facility demonstrated its ability to identify allegations and report them to the appropriate authorities in accordance with agency policy and PREA requirements. The auditor finds the facility substantially compliant with PREA Standard 115.352.

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.IV.E.4-5 2. DYRS Mail, Telephone and Visitation Policy 5.24 (effective 6/1/15)(revised 4/1/25) 3. Title 10 Courts and Judicial Procedure 4. Memorandum of Agreement Between DYRS and Survivors of Abuse in Recovery, Inc. (5/27/25) 5. SOAR Invoices 6. Residential Cottages Handbook English/Spanish 7. PREA Safety Guide English/Spanish

8. SOAR Pamphlet
9. PREA Phone Instruction Cards

Interviews:

1. Random Residents
2. Superintendent
3. PREA compliance manager

Site Review Observation:

1. Observation during on-site review of mock intake

Findings (by Provision):

115.353(a):

In the PAQ, the facility reported that they provide residents with access to outside victim advocates for emotional support services related to sexual abuse including making available addresses, telephone numbers including toll free hotline numbers for state, local, or national victim advocacy or rape crisis organizations. The facility confirmed that residents have access for reasonable communication to these organizations in as confidential manner as possible. Due to state mandates the facility does not detain for civil immigrations.

The facility relies on DYRS PREA Policy 2.13.IV.E.4-5. that outlines that all youth shall be made aware of community agencies, address and contact numbers of mental health practitioners that provide emotional support services related to sexual abuse. The policy states that the agency shall maintain a memorandum of agreement with one or more such agencies to ensure a statewide service agreement and communication between residents and these agencies will be in as confidential manner as possible. The agency relies on Title 10 Courts and Judicial Procedure 1007 that outlines that the facility does not detain residents for immigration purposes.

During the mock intake, information pertaining to the victim advocacy and emotional support services are provided during the resident PREA orientation portion of the process. Residents are given the Residential Cottages Safety Guide that includes information about Survivors of Abuse in Recovery (SOAR), Brandywine Counseling and Community Services 302-656-2348 http://www.brandywinecoun-selin.org/, Delaware Guidance Services http://delawarguidance.org/, Delaware Renaissance http:/www.delren.org/, and AIDS Delaware 302-652-6776 http://aidsdelaware.org/ for victim support.

During the site review, the auditors did observe SOAR victim advocate postings and the Resident safety guide for victim advocacy for rape crisis organizations on the housing units.

	During random resident interviews, residents were not able to recall information pertaining to SOARS. They were able to recall postings around the building that had telephone numbers. Post onsite auditor tested the SOAR telephone number at (302)-655-3953 and was taken through a series of prompts to leave a message on an intake line. A recent memorandum of agreement with the DYRS to provide victim advocacy and emotional support was signed on 5/27/25. The agency provided invoices for victim advocacy and emotional support services that were provided by SOARS to two residents. Within the PREA policy, it states that communication between residents and these agencies will be in as confidential manner as possible. During the mock intake, residents were provided with the Residential Cottages Safety Guide that includes the SOAR contact information. The facility is substantially compliant with this provision and corrective action is not required. 115.353(b): According to the PAQ, the facility reported that they inform residents, prior to giving them access to outside support services, the extent to which such communications will be monitored and prior to giving them access to outside support services, the facility would inform residents of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. Cited in PREA Policy 2.13.IV.E.4 residents will be informed of the extent their communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility is not substantially compliant with this provision and corrective action is required. 115.353(c): In the PAQ, Residential Cottages reported that they maintain a memorandum of understanding or other agreements with community service providers that can provide residents with emotional support services related to sexual abuse. Found in the PAQ was the Memorandum of agreement between the Division of Youth Rehabilitative Services and Survivors of Abuse in Recovery, Inc. (SOAR) dated 5/27/25. The Memorandum of agreement outlines that SOAR will provide victims of sexual abuse advocates for support during forensic examinations, emotional support, and counseling. The facility is substantially compliant with this provision and no corrective action is required.

	115.353(d): In the PAQ, the facility reported they provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. The facility relies on Policy 5.24.IV.B.4 Mail Telephone and Visitation. The policy outlines that residents can make and receive calls to attorneys. Residents can receive calls from case workers, social workers, police officers, and lawyers. Residents may contact their attorney at any reasonable time as often as they wish. No time limits are placed on calls. Further in the policy, special visits may be approved by the superintendent on a case-by-case basis. An area is to be set aside for confidential conversations for attorney/client interviews. The policy allows residents to send and receive unlimited mail. All residents can send sealed correspondences to courts, counsel, officials of the confining authority and administrator of grievance systems or representatives. The facility is now utilizing the T-ray machine at the facility to safeguard staff and residents. Legal correspondence is never opened by staff. Letters incoming and outgoing are not read by staff except if there is clear evidence to justify such action. If the mail is read the resident is present when the letter is opened. Outgoing mail will be submitted unsealed to staff, inspected for contraband before it is processed to be mailed. During interviews, the PREA compliance manager confirmed that residents have access to legal representation, and residents are given access to family visitation and telephone calls. The superintendent informed that residents are free to access their attorney upon request by phone or visitation through therapist. There is a schedule for parent/ guardian visitation and residents have access to make telephone calls. During interviews with residents, 13 out of 13 residents knew that they could make a private call to their attorney, all 13 residents knew the procedures for telephone access and visitation. The facility is substantially compliant with this provision and no corrective action is required. The evidence shows that the agency has a policy that establishes that residents will be provided with access to outside victim advocates for emotional support services related to sexual abuse and it makes available agency contact information. The auditor did observe information that would provide residents with a victim advocate for emotional support. The residents did not retain or recall information about SOAR, but they were aware of the postings for contact information. The Residential Cottages Safety Guide provided information to the residents about SOAR and other outside victim advocates for emotional support related to sexual abuse. The agency

	does not provide information for immigrant services because the court places a child in secure detention pending adjudication but not for civil immigration purposes. The agency has demonstrated that it has entered into a memorandum of agreement on 5/27/25 that outlines SOAR will provide victims of sexual abuse advocates for support during forensic examinations, emotional support and counseling. The facility policy provides that residents can make confidential calls and visits with their attorney and have contact with a parent through phone calls and visits. Facility administration stated that residents are allowed access to their attorney in person, telephone, and by mail. Residents have access to parents/ guardians by telephone, in person visits, and written correspondence. Residents confirmed the access to their attorney and parent/guardian. Based upon this analysis, the facility is substantially compliant with this standard and corrective action is not required. Recommendation: During PREA orientation and comprehensive training, check for understanding regarding the purpose of SOARS and the extent that communications will be monitored.

115.354	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.IV.E-1& 6 2. DYRS PREA Policy 2.13.IV.F-1 3. Child Abuse and Neglect Report Line 4. Department of Services for Children, Youth and Their Families (DSCYF) Public Website https://kids.delaware.gov/yrs/prea.shtml 5. Residential Cottages Resident Safety Guide 6. PREA Contacts: https://kids.delaware.gov/youth-rehabilitative-services/prea--contacts/ Findings (by Provision): 115.354(a): Residential Cottages indicated in the pre-audit questionnaire (PAQ) that they provide a method to receive third-party reports of sexual abuse or sexual harassment. The agency policy DYRS PREA Policy PREA 2.13.IV.E.1 establishes a method for third-

	party reporting of sexual abuse and sexual harassment by calling the Child Abuse and Neglect Report Line. Specifically in the policy it states that staff can accept any report of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. DYRS PREA Policy 2.13.IV.E.6 states that third-party reporting of sexual abuse or sexual harassment shall be made by calling the Child Abuse and Neglect Report Line. Further in DYRS PREA Policy 2.13.IV.F.1 staff must comply with child abuse reporting laws and will report any incidents of sexual abuse and sexual harassment to the Child Abuse and Neglect Report Line. The agency's website http://kids.delaware.gov/yrs/prea) provides a link for reporting and receiving third-party reports of sexual abuse or sexual harassment by calling the Delaware Child Abuse and Neglect Report Line (800-292-9582) or contacting a local law enforcement agency. Additionally, the website has a family services reporter portal that allows third parties to make reports electronically. The website also provides information on applicable PREA statutes and policies, agency contact information), the victim advocate agency Survivors of Abuse and Recovery, Inc. (SOAR), and facility PREA related reports. The agency provided a Residential Cottages Resident Safety Guide that outlines how to report sexual abuse and sexual harassment by calling the Child Abuse and Neglect Report Line (800)-292-9582, completing an emergency grievance form, and facility staff. The safety guide was located throughout the facility for third-party reporters. The facility is substantially compliant with this provision and no corrective action is required. The evidence shows the agency and facility provide a method of receiving third-party reports of resident sexual abuse or sexual harassment. This information was verified through review of the agency policy, resident safety guide and website information. Based on the review of the policy and the agency website, staff and the public can make a third-party report of sexual abuse or sexual harassment by calling the reporting line or reporting to a local law enforcement agency, submitting a report electronically, contacting the agency PREA coordinator or facility PREA compliance manager. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.361	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. DYRS PREA Policy 2.13. IV. F.1.-.3
2. DYRS 2.2.IV.A.21-.25
3. Pre-Audit Questionnaire (PAQ)
4. DSCYF Prevention, Detection, and Response to Sexual Abuse in DYRS Custody PREA Academy Training PowerPoint 2025
5. Sexual Abuse and Sexual Harassment Investigative Files
6. 13 Resident Medical Files (Reviewed Onsite)

Interviews:

1. Superintendent
2. PREA Compliance Manager
3. Medical and Mental Health Practitioners
4. 14 Random staff
5. Delaware State Police (DSP)

Findings (by Provision):

115.361(a):

DYRS reported in the pre-audit questionnaire (PAQ) the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is a part of the agency.

The agency cites DYRS PREA Policy 2.13.IV.F.1., that outlines staff must comply with child abuse reporting laws and will report any incidents of sexual abuse and sexual harassment to the Child Abuse Hotline and Neglect Report Line.

In the PAQ, the agency reported they require all staff to report immediately any retaliation against residents or staff who reported such an incident.

The agency relies on both DYRS Coder of Ethics Policy 2.2.IV.A.21 and DYRS PREA Policy 2.13.IV.F.2., that outlines staff will immediately report to facility administration any retaliation against a resident or staff who reported sexual abuse or sexual harassment.

According to the PAQ, the DYRS reported they require all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The agency relies on DYRS 2.2.IV.A.22, and DYRS PREA Policy 2.13.IV.F.3. which outlines that staff will immediately report any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation.

During orientation and PREA refresher training, staff review the DSCYF Prevention, Detection, and Response to Sexual Abuse in DYRS Custody PREA Academy Training PowerPoint 2025. The presentation outlines that staff must report all knowledge,

	suspicion, or information regarding sexual abuse or sexual harassment, retaliation against residents or staff who report such incidents. Additionally, they shall report staff neglect or violation of responsibilities that may have contributed to abuse or retaliation. During interviews, 14 Random staff reported that they were aware of the agencies requirement to report regarding any incident of sexual abuse or sexual harassment that occurred in the facility including retaliation against residents or staff who reported sexual abuse or sexual harassment. Also, all random staff knew the agency's policy or procedure for reporting any information related to a resident's allegation of sexual abuse. The facility is substantially compliant with this provision and corrective action is not required. 115.361(b): In the PAQ, the agency reported that they require all staff to comply with any applicable mandatory child abuse reporting laws. The agency references DYRS PREA Policy 2.13.IV.F.1., specifies that staff must comply with child abuse reporting laws and will report any incidents of sexual abuse and sexual harassment to the Child Abuse Hotline. DSCYF Prevention, Detection, and Response to Sexual Abuse in DYRS Custody PREA Academy Training PowerPoint 2025 details that all YRS staff are mandatory reporters and required to report any allegations and instances of sexual abuse and sexual harassment to the Child Abuse and Neglect Hotline Report Line (800)-292-9582. During interviews, 14 Random staff interviewed knew they were required to comply with mandatory reporting of sexual abuse and as a part of the process, they would call the report line. During the investigative file review and interview with the PREA Coordinator, the auditor determined that two grievances with allegations of sexual harassment were not reported to the Child Abuse and Neglect Report Line. The allegation was processed through the grievance process instead of being reported to the hotline for a determination by Institutional Abuse (IA). The facility is not substantially compliant with this provision and corrective action is required. 115.361(c): In the PAQ, the agency reported that policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Agency relies on DYRS Code of Ethics 2.2.IV.A.25 that details that staff will not

	reveal any information related to sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. During interviews all 14 staff were aware of the agency's policy for disclosing information related to a resident sexual abuse incident. The facility is substantially compliant with this provision, and no corrective action is required. 115.361(d): According to the PAQ, medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials and to the designated state and local services agency where required by mandatory reporting laws. Additionally, practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. During interviews with medical and mental health practitioners, they stated they are mandatory reporters, and they would report sexual abuse to their supervisors and facility administrators. Additionally, they would report to the Child Abuse and Neglect Report Line. When medical and mental health staff were asked at the initiation of services to a resident, do you disclose the limitations of confidentiality and your duty to report, all medical/mental health practitioners responded that they do disclose the limitations as well as their mandatory reporter responsibilities. The auditor reviewed 13 resident medical files that included consent forms. Additionally, medical and mental health were able to attest to the practice. The auditor was able to confirm that residents were informed of medical and mental health limits on confidentiality and duty to report. The facility is substantially compliant with this provision, and no corrective action is required. 115.361(e): According to the PAQ, receipt of any allegation of sexual abuse the agency head or designee shall promptly report the allegation to the appropriate agency office, alleged victim's guardian unless there is official documentation that the guardians should not be notified. If resident's guardian of the child welfare system, the report shall be made to the alleged victim's caseworker, and if the juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall report the allegation to the juvenile's attorney or legal representation within 14 days of receiving the allegation. During the review of the allegation of sexual abuse, it was determined that all required notifications were conducted. The PREA Compliance Manager stated that notifications of allegations of sexual abuse would be immediately reported to the Child Abuse and Neglect Report Line,

	agency head, case worker, attorney, and guardian. The Superintendent stated that upon receipt of an allegation of sexual abuse there would be an immediate call to the Child Abuse and Neglect Report Line and the director of the agency. Also, if a juvenile court retains jurisdiction over the victim the superintendent would report allegation to the resident's attorney. The facility reported there was one allegation of sexual abuse during the last 12 months. During an interview, Delaware State Police (DSP) reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department. The facility is substantially compliant with this provision, and no corrective action is required. 115.361(f): The PAQ requires the facility shall report all allegations of sexual abuse and sexual harassment including third-party reporting and anonymous reports to the facility's designated investigators. The superintendent confirmed that the Residential Cottages reports allegations of sexual abuse and sexual harassment including third-party reporting to both Institutional Abuse (IA) investigators and the facility PREA investigators. The facility reported there was one allegation of sexual abuse and three allegations of sexual harassment in the prior 12 months. During an interview, DSP reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department in the prior 12 months. In review of investigative reports, there was two allegations of sexual harassment reported via the grievance process that was not processed through the mandated process. The allegations were not screened by IA, because the allegation was not called into the Child Abuse and Neglect Report Line. The facility is not substantially compliant with this provision and corrective action is required. Evidence shows that the agency requires all staff to comply with any applicable mandatory child abuse reporting laws which were verified through policy, staff interviews and academy training, but the facility practice is not in alignment with the agency policy. The facility followed the mandatory reporting process three out of the five allegations. The facility did not report the incidents that were communicated through the grievance process. The agency prohibits staff from disclosing any information related to the sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions which were verified through policy and staff interviews. All staff are required to report an incident of sexual abuse or sexual harassment, any retaliation against residents or staff and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation which was verified through policy, staff interviews and academy training. Medical and mental

health practitioners are required to report sexual abuse to designated supervisors as well as state or local services agency required by mandatory reporting laws which were verified through staff interviews and documentation obtained from the Child Abuse and Neglect Report Line. An allegations of sexual harassment were not reported in accordance with agency policy which was reviewed in investigative files

Based upon this analysis, the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility shall monitor all allegations of sexual abuse and sexual harassment during the corrective action period. Provide auditor with the investigative summary/file, and all grievances for all incidents of sexual abuse and sexual harassment. Provide copies of all grievances for 60 days from receipt of the interim report.
2. The facility shall complete a mock scenario training of grievances of substantiated sexual abuse allegation and a substantiated sexual harassment allegation with the PREA coordinator, PREA compliance manager, superintendent, all facility PREA investigators, and YCS supervisors. Provide the auditor with the completed investigative summary/ file. Each scenario should start with first responder duties to the sexual abuse incident review. There should be an emphasis on conducting notifications and handling of grievances for every allegation of sexual abuse and sexual harassment. Provide a curriculum and a roster of attendance for the mock scenario training.

Verification of the Corrective Action since the onsite PREA audit:

In response to the corrective action, Residential Cottages submitted documentation via OAS on 6/2/2026, 6/3/2026, and 6/29/2026. The following documents were submitted:

- Investigative File 3/26/26
- Investigative File 3/26/26
- Investigative File 2/13/2026
- 72 Grievances
- Grievance Process Training Roster 6/3/2026
- Residential Cottages Grievance Procedure
- Residential Cottages Handbook-English
- Residential Cottages Handbook-Spanish
- Residential Cottages Resident Grievance/Complaint Form 4/28/2026
- Investigative Summary Template 5/6/2026
- Substantiated Sexual Abuse or Sexual Harassment Incident Form 4/28/2026
- Substantiated Sexual Abuse or Sexual Harassment Form: Victim Information
- Substantiated Sexual Abuse or Sexual Harassment Form: Perpetrator Information

- Notification of Investigation 5/8/2026
- Sexual Abuse Incident Review of Substantiated or Unsubstantiated Investigations 5/22/2026
- Residential Cottages Resident Grievance/Complaint Form 4/30/2026
- Investigative Summary Template 5/8/2026
- Substantiated Sexual Abuse or Sexual Harassment Incident Form 6/26/2026
- Substantiated Sexual Abuse or Sexual Harassment Form: Victim Information
- Substantiated Sexual Abuse or Sexual Harassment Form: Perpetrator Information
- Notification of Investigation 5/8/2026
- Sexual Abuse Incident Review of Substantiated or Unsubstantiated Investigations 5/26/2026

Corrective Action Intent:

The intent of this corrective action was to ensure that the Residential Cottages require all staff to comply with any applicable mandatory child abuse reporting laws.

Allegations of sexual abuse or sexual harassment whether reported verbally or identified within a written grievance are directed to the Child Abuse Report Line, and staff are mandatory reporters.

To strengthen practice, the facility trained staff responsible for processing grievances on how to identify sexual abuse and sexual harassment allegations within grievances and how to report them appropriately. The facility also clarified procedures for handling emergency grievances in the resident handbook to ensure residents understand how allegations are addressed.

Based on the documentation reviewed including investigative files, mock grievance scenario, grievances, and staff training materials/rosters the facility demonstrated its ability to identify allegations and report them to the appropriate authorities in accordance with agency policy and PREA requirements. The auditor finds the facility substantially compliant with PREA Standard 115.361.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.IV.F.5 2. Pre-Audit Questionnaire (PAQ) 3. Sexual Abuse and Sexual Harassment Investigative Files Interviews: 1. Agency head 2. Superintendent 3. Random staff Findings (by Provision): 115.362(a) 1-4: According to information provided on pre-audit questionnaire (PAQ), DYRS reported that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, the facility takes immediate action to protect the resident and implement appropriate protective measures without unreasonable delay. According to DYRS PREA Policy 2.13.IV.F.5, it specifies upon receiving information that a resident is subject to a substantial risk of imminent sexual abuse, immediate action will be taken to protect the resident. According to the Pre Audit Questionnaire (PAQ), the facility reported there were no instances in which the facility determined that a resident was subject to a substantial risk of imminent sexual abuse within the prior 12 months. The agency head stated immediate action would be taken to remove the resident from substantial risk of imminent sexual abuse. Further, the superintendent responded to continue supervision of staff and residents to ensure staff and residents are not committing sexual abuse or any other abuse. During random staff interviews, it was determined that if a resident was in substantial risk of imminent sexual abuse all 14 random staff interviewed would separate or remove the victim and notify a supervisor. In the PAQ, the facility reported that for the past 12 months there were no residents determined to be at substantial risk of imminent sexual abuse. The average amount of time and longest time that passed before responding was not applicable as there were no residents determined to be at substantial risk of imminent sexual abuse.

	The auditor reviewed investigative files and incident reports, and there were no reports in which the Residential Cottages had to take immediate action for a resident subject to a substantial risk of imminent sexual abuse. The agency demonstrated when they learn that a resident is subject to a substantial risk of imminent sexual abuse, they would take immediate action. This was verified through the policy, interviews, investigative files, and incident reports. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.363	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.IV.F.6.a-b 2. DYRS PREA Policy 2.13.IV.G.1 3. Pre-Audit Questionnaire (PAQ) 4. Investigative File Interviews: 1. Agency head 2. Superintendent Findings (by Provision): 115.363(a): Reported by DYRS on pre-audit questionnaire (PAQ) the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency references DYRS PREA Policy 2.13.IV.F.6.a-b that cites upon receiving an allegation that a youth was sexually abused while confined to another facility, the administrator of the facility that received the allegation shall notify the administrator of the facility or appropriate office of the agency where the alleged abuse occurred and shall notify the appropriate investigative agency.

	Reviewing investigative files, the auditor found no evidence of Residential Cottages receiving a report of sexual abuse from another facility. According to information in the PAQ, the DYRS reported that in the last 12 months there were no allegations received by the Residential Cottages that a resident was abused while confined at another facility that would prompt a facility response. The agency is substantially compliant with this provision and no corrective action is required. 115.363(b): In the PAQ, the DYRS reported that their policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. The agency demonstrates compliance with DYRS PREA Policy 2.13.IV.F.6.a that states such notification shall be provided as soon as possible but no later than 72 hours from receiving the allegation. Reviewing investigative files, the auditor found no evidence of Residential Cottages receiving a report of sexual abuse from another facility. The facility is substantially compliant with this provision and no corrective action is required. 115.363(c): In the PAQ, the Residential Cottages reported that the facility documents that it has provided such notification within 72 hours of receiving the allegation. The agency identified DYRS PREA Policy 2.13.IV.F.6.b, that states the facility administrator shall document that notification to both the other agency administrator and the investigative agency has been made. Documentation must also show that DYRS director and the Division’s PREA coordinator have been notified. Review of investigative files the auditor did not locate investigative records of an allegation being reported from another facility. The facility is substantially compliant with this provision and no corrective action is required. 115.363(d): In the PAQ, the facility reported that agency policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. The facility reported in the last 12 months, they did not recieve any allegations of sexual abuse from other facilities. Stated in DYRS PREA Policy 2.13.IV.G.1 all allegations of sexual abuse or sexual

	harassment are reported to the Child Abuse and Neglect Report Line and screened for Institutional Abuse investigation. The Agency head stated that in instances of allegations of sexual abuse from another facility, the allegation should be reported to the Child Abuse and Neglect Line, and the other facility head should be notified. The superintendent confirmed the same process. According to information provided during interviews and on the PAQ, it was determined there were no allegations reported from another facility. The DYRS has demonstrated that it has a policy that outlines the actions to be taken by the facility administrator upon receiving an allegation that a resident was sexually abused while confined at another facility, including notifying the head of the facility and investigative agency. Information from the PAQ reveals the facility has not received any allegations of sexual abuse from another facility for investigation. The agency policy outlines that documentation of the notification would occur within 72 hours of receiving the allegation that was verified through policy, staff interviews and investigative files. Residential Cottages has not received any allegations within the prior 12 months to provide notification that would prompt the facility to document a notification within 72 hours. Additionally, DYRS policy does require that all allegations of sexual abuse are reported to the Child Abuse and Neglect Report Line for investigation Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.364	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.IV. F.7-8. 2. PREA Staff First Responder Duties Wallet Card 3. DSCYF Staff First Responder Checklist Duties 4. Residential Cottages Coordinated Response Flowchart 5. DSCYF Prevention, Detection, and Response to Sexual Abuse in DYRS Custody PREA Academy Training PowerPoint (Slides 55-62) 6. Pre-Audit Questionnaire (PAQ) Interviews: 1. Random Staff

Findings (by Provision):

115.364(a):

DYRS reported in the pre-audit questionnaire (PAQ) that the agency has a first responder policy for allegations of sexual abuse.

DYRS PREA Policy 2.13.IV. F.7-8. outlines that upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report must separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, they will ensure that the alleged victim and/or alleged abuser does not take any actions that could destroy physical evidence. The policy requires that the facility follow the coordinated facility response plan and utilize the first responder cards and the coordinated response flowcharts.

The same information is found on the First Responder Checklist. It requests that the alleged victim not take any action that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In addition, it ensures that the alleged abuser does not take any action that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The PREA Staff First Responder Duties Wallet Card outlines four steps to be taken by line staff upon learning of an allegation that a juvenile was sexually abused (do not shower, eat, drink, brush their teeth, use the rest room, or change clothes). The First Responder card also requires the alleged perpetrator not to shower, eat, drink, brush their teeth, use the restroom, or change clothes. The first responder is to notify supervisor, mental health, and medical staff for all sexual abuse, ask the alleged victim if they would like to speak with a victim advocate, and complete an administrative report before the end of shift.

During PREA Orientation Training and PREA Refresher training, staff are provided training in person and online utilizing the DSCYF Prevention, Detection, and Response to Sexual Abuse in DYRS Custody PREA Academy Training PowerPoint. The training outlines the duties of first responders as follows, separate the victim and perpetrator as quickly as possible, ask the victim are you injured, do you need medical attention, do you believe that you or someone else is in immediate danger, alert your administrator, ensure victim is escorted to medical, ensure perpetrator is in a secure room, preserve evidence by not changing clothes, washing face, body, hair, brushing teeth, urinating or defecating, eating, drinking or smoking.

In the PAQ, the agency reported there was one resident on resident sexual abuse allegation within the last 12 months. The facility completed all required notifications. It was determined by Institutional Abuse (IA) that the allegation was to be conducted administratively by Residential Cottages. It was further confirmed by Delaware State Police (DSP) that the allegation was not criminal. Additionally, it was confirmed that there were no criminal cases of sexual abuse or sexual harassment

	reported to the department within the preceding 12 months by the Residential Cottages. Due to the nature of the allegation of sexual abuse, it did not require the collection of forensic evidence, protection of the crime scene, or to request the victim or abuser not to destroy evidence. The facility obtained witness statements and footage of scene. At the time of the onsite audit, there were no residents to interview who reported sexual abuse at the Residential Cottages. The facility is substantially compliant with this provision and corrective action is not required. 115.364(b): In the PAQ, the agency reports their policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. The agency refers to DYRS PREA Policy 2.13.IV. F.7. that requires upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report must separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps are taken to collect evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, they will ensure that the alleged victim and or alleged abuser does not take any actions that could destroy physical evidence. The policy requires that each facility will follow the coordinated facility response plan and utilize the first responder cards and the coordinated response. In DSCYF Prevention, Detection, and Response to Sexual Abuse in DYRS Custody PREA Academy Training PowerPoint that is used for training all staff, it states that any staff member can be a first responder. Also, it was referenced in the PAQ by DYRS. Further the staff training for prevention, detection and response to sexual abuse in detention explains that first responders are to separate the victim and perpetrator as quickly as possible, ask the victim are you injured, do you need medical attention, do you believe that you or someone else is in immediate danger, alert your administrator, ensure victim is escorted to medical, ensure perpetrator is in a secure room, preserve evidence by not changing clothes, washing face, body, hair, brushing teeth, urinating or defecating, eating, drinking or smoking. The First Responder cards give steps to be taken if the first responder is not a security employee. Non-security employees shall request that the alleged victim not take any actions that could destroy physical evidence and notify a security employee. There was one sexual abuse allegation at the Residential Cottages in the prior 12 months. It did not involve a non-security first responder so there was no need for actions to prevent the destroying of physical evidence or notifying a security

	employee/supervisor. During interviews, all 14 random staff indicated that they would secure area, separate victim and abuser, notify supervisor, call hotline, write a report, not allow resident to wash, eat or do anything that would destroy physical evidence. The facility is substantially compliant with this provision and corrective action is not required. Evidence shows that the agency does have a first responder policy. The facility relies on the policy, first Responder checklist, cards and DSCYF academy training for prevention, detection, and response to sexual abuse in detention as evidence to support first responder action for an allegation of sexual abuse. Both the first responder cards and the first responder checklist outline all the requirements of the standard. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.365	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.IV. F.7-8. 2. PREA Staff First Responder Duties Wallet Card 3. DSCYF Staff First Responder Checklist Duties 4. Residential Cottages Coordinated Response Flowchart 5. DSCYF Prevention, Detection, and Response to Sexual Abuse in DYRS Custody PREA Academy Training PowerPoint (Slides 55-62) 6. Pre-Audit Questionnaire (PAQ) 7. PREA Investigative File of Sexual Abuse Interviews: 1. Superintendent 2. PREA Coordinator Findings (by Provision): 115.365 (a):

	Residential Cottages reported in the pre-audit questionnaire (PAQ), the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility provided the following documents in the PAQ: 1. DYRS PREA Policy 2.13.IV. F.7-8. 2. Residential Cottages Coordinated Response Flowchart 3. First Responder Checklist 4. First Responder Duties Wallet Card These are the documents referenced during a coordinated action taken in response to an incident of sexual abuse among staff first responders, medical and mental health unit, investigators, and facility leadership. For the coordinated response flowchart, there are four separate flowcharts that outline immediate responses from staff. The charts are: 1. Residential Cottages Staff Sexual Misconduct Allegation Scenario: Immediate Response 2. Residential Cottages Staff Sexual Misconduct Allegation Scenario: Investigation 3. Residential Cottages Youth on Youth Sexual Assault Allegation Scenario: Immediate Response 4. Residential Cottages Youth on Youth Allegation Scenario: Investigation These charts provide guidance from the first responder immediate responses to the investigation process, including notifications. The First responder checklist prioritizes that the alleged victim not take any action that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In addition, ensure that the alleged abuser does not take any action that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The First Responder Card outlines four steps to be taken by line staff upon learning of an allegation that a juvenile was sexually abused that include do not shower, eat, drink, brush their teeth, use the rest room, or change clothes. Also, the First Responder Card requires the alleged perpetrator not to shower, eat, drink, brush their teeth, use the restroom, or change clothes. Lastly, the first responder is to notify supervisors, mental health, and medical staff for all sexual abuse, ask the alleged victim if they would like to speak with a victim advocate, and complete an administrative report before the end of shift. The superintendent responded that in response to allegation of sexual abuse the facility’s coordinated response would include separation of resident, notification of

	the Child Abuse and Neglect Report Line, documentation, and follow-up. According to PREA coordinator, internal PREA administrative investigation would be cross investigated by one of the other DYRS operated facility level PREA Investigators. The facility coordinated response was further confirmed in the one investigative file of an allegation of sexual abuse. The facility is substantially compliant with this provision, and no corrective action is required. The evidence shows that the agency has a written institutional plan to coordinate a response to incidents of sexual abuse among staff first responders, medical and mental health, investigators and facility leadership, which was verified through PREA Policy 2.13, DYRS immediate response flowcharts, checklist, cards, and the interview with the superintendent. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.366	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DSCYF 309 Removal of Employees from the Workplace 2. AFSCME Local 3384 and DSCYF MOA (7/1/25-6-30-26) 3. AFSCME Local 2004 and DSCYF MOA (7/1/25-6/30/26) 4. AFSCME Local 117 and DSCYF MOA (7/1/25-6/30/26) 5. Local 2004 YRS Contract 6. Local 3384 YRS Contract 7. Pre-Audit Questionnaire (PAQ) Interviews: 1. Agency head Findings (by Provision): 115.366(a): DYRS reported in the pre-audit questionnaire (PAQ), the agency has entered into or

	renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. The agency has renewed AFSCME Local 3384 and DSCYF MOA (7/1/25-6/30/26), AFSCME Local 117 and DSCYF MOA (7/1/25-6/30/26), and AFSCME Local 2004 and DSCYF MOA (7/1/25-6/30/26). DSCYF Policy 309, establishes the right to remove employees from the workplace when they pose a risk to the safety of residents for allegations of sexual abuse. An administrative investigation would be completed within 14 days of removal from the workplace and if findings indicate termination is warranted the employee may be suspended without pay pending termination. A review of the union contracts and DSCYF memorandum of agreements does not prohibit the agency from removing alleged staff sexual abusers from contact with any resident pending the outcome of an investigation or to an extent discipline is warranted. The agency head confirmed that DYRS renewed collective bargaining agreements or other agreements since August 20, 2012, and that the Department Policy 309 still permits the agency to release staff from duty for allegations of sexual abuse. The agency is substantially compliant with this provision and no corrective action is required. The evidence shows that the agency has not entered into a collective bargaining agreement that limits the agency's ability to remove an employee from duty which is verified by documentation, agency policy, memorandums, and the interview with the agency head. The agency is substantially compliant with this standard and no corrective action is required.

115.367	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.IV.F.9 2. Pre-Audit Questionnaire (PAQ) 3. Facility Organizational Chart Interviews:

1. Agency head
2. Superintendent
3. Designated Staff Member Charged with Monitoring Retaliation

Findings (by Provision):

115.367(a) 1-2:

In the pre-audit questionnaire (PAQ), DYRS reported they have a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

DYRS PREA Policy 2.13.IV.F.9 establishes that all residents and staff who report sexual abuse or sexual harassment or cooperate with the investigations of sexual abuse or sexual harassment are protected from retaliation by other residents or staff.

In the PAQ, the agency provided the Facility Organizational Chart indicating designated staff member charged with monitoring retaliation. The program manager is designated to monitor possible retaliation of residents and staff.

The facility is substantially compliant with this provision, and no corrective action is required.

115.367(b):

DYRS PREA Policy 2.13.IV.F.9.a-b, all residents and staff who report sexual abuse or sexual harassment or cooperate with the investigation of sexual abuse or sexual harassment are protected from retaliation by other residents or staff. Retaliation from youth or staff will result in disciplinary action and subject to the full progression of sanction and or referral for criminal prosecution. Retaliation will be monitored for 90 days or longer if needed.

The agency head stated that residents and staff would be protected from retaliation by moving to another housing unit or to another DYRS operated facility. During an interview, the superintendent stated the measures to protect residents and staff from retaliation is to monitor retaliation. Additionally, post change for staff retaliation as well as placement of a resident in a different housing unit or DYRS facility. In the case of volunteer or contractor incidents of sexual abuse, sexual harassment, or retaliation, there should be prohibited contact.

At the time of onsite audit, there were no residents that were isolated for risk of victimization or who alleged sexual abuse.

During interviews with the staff that monitor for retaliation, the role is to uphold fair treatment. Also, described there would be no difference in the protections from retaliation afforded to residents or staff. Stated that there would be a review of point sheets to determine unfair treatment of residents. Additionally, there would be

	no limits to the length of time of observing retaliation. The facility is substantially compliant with this provision, and no corrective action is required. 115.367(c): Residential Cottages reported in the PAQ that facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff for 90 days or longer. The facility reported there have been no incidents of retaliation in the prior 12 months. Based on DYRS PREA Policy 2.13.IV.F.9, residents can privately report sexual abuse and sexual harassment and retaliation by other residents or staff for reporting sexual abuse or sexual harassment. Retaliation from youth or staff will result in disciplinary action and subject to the full progression of sanction and or referral for criminal prosecution. Retaliation will be monitored for 90 days or longer, if needed. During review of the investigative files, there was one allegation of substantiated sexual abuse. There was no documentation provided by the facility of the monitoring of retaliation for this allegation. During an interview, the superintendent stated the facility conducts retaliation monitoring and can move residents or staff. It was stated by the retaliation monitor that he does initiate contact with victims. Retaliation monitoring would include the review of point sheets and behaviors for 90 days. There was no documentation to corroborate the actions taken by the retaliation monitor. The facility is not compliant with this provision and corrective action is required. 115.367(d): According to the program manager, monitoring of residents shall include periodic status checks. The retaliation monitor detailed there would be a review of point sheets utilized for the behavior modification program. Also, they would monitor the residents over a 90-day period. In the investigative files, there was one substantiated allegation of sexual abuse. There was no documentation supporting the retaliation monitoring of this allegation. The facility is not substantially compliant with this provision and corrective action is required. 115.367(e): In PREA Policy 2.13, the agency addresses the agency’s obligation to other individuals who cooperate with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. In DYRS PREA Policy 2.13.IV.F.9 establishes that retaliation from youth or

staff will result in disciplinary action and subject to full progression of sanctions and or referral for criminal prosecution. The agency reported in the PAQ that there has not been any incident of retaliation in the past 12 months.

During interviews, the agency head stated they would move staff or residents to another DYRS operated facility to protect them from retaliation. The superintendent stated that post could be changed for staff and residents could be moved to another housing unit or another DYRS facility.

The facility is substantially compliant with this provision, and no corrective action is required.

It is evident that the agency has outlined a policy to protect residents and staff from retaliation and has designated a staff member to monitor for possible retaliation, which was verified through the agency policy and interview. The facility employs multiple measures for residents and staff that fear retaliation for reporting sexual abuse or sexual harassment. The facility has designated a staff to monitor retaliation. Residential Cottages have a process to take appropriate measures to protect an individual that fears retaliation which was verified through the PAQ, policy, and staff interviews. Though retaliation is mentioned in policy and interview, there is no documentation corroborating the practice of monitoring 90 days or longer if needed and the status checks.

Based upon this analysis, the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

The agency shall, through either mock scenario or actual instances, over 60 days document retaliation monitoring using uniformed documents to capture retaliation monitoring and status checks. Provide auditor copy of completed documents in the supplemental files.

Verification of the Corrective Action since the onsite PREA audit:

In response to the corrective action, Residential Cottages submitted retaliation monitoring documentation via OAS on 5/18/2026. The following documents were submitted:

Prison Rape Elimination Act (PREA) Sexual Abuse/Harassment Retaliation Monitoring Forms

- 2/13/2026
- 3/26/2026(a)
- 3/30/2026(b)

Corrective Action Intent:

The intent of this corrective action was to ensure that the Residential Cottages

	requires retaliation monitoring using uniformed documents to capture retaliation monitoring and status checks. Based on the documentation reviewed including investigative files containing retaliation documentation, the facility demonstrated its ability to conduct retaliation monitoring and status checks in accordance with agency policy and PREA mandates. The auditor finds the facility substantially compliant with PREA Standard 115.367.

115.368	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13. IV.D.2. Interviews: 1. Superintendent 2. Medical and mental health staff Site Review Observations: 1. Site Review Housing Unit Findings (by Provision): 115.368(a) 1-7: In the PAQ, the DYRS reported residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all resident’s safe can be arranged. According to DYRS PREA Policy 2.13.IV.D.2, youth may be isolated/segregated from others only as a last resort when less restrictive measures won’t keep the resident and other residents safe, and then only until alternative housing can be arranged. Youth can only be isolated/segregated with the approval of the superintendent or designee. During any period of isolation/segregation, DYRS staff shall provide youth daily large-muscle exercise and educational programming. Youth in isolation/ segregation shall receive daily visits from medical staff and a behavioral health services clinician/provider. Youth shall also have access to other programs and work

	opportunities to the extent possible. It should be notated that Residential Cottages is a Level IV facility that does not isolate residents. If a situation arose that a youth needed isolation, the resident would either be relocated to another facility within DYRS. During onsite review, there were no locations where a resident could be confined to isolation. This policy was intended for the other facilities within DYRS that utilize isolation as a means to keep residents safe in a more secure environment. In the PAQ the facility reported in the prior 12 months, there were no residents to have suffered sexual abuse or risk of sexual victimization placed in isolation, who have been denied daily access to large-muscle exercises and/or legally required education or special education. During interviews with the superintendent, medical practitioners, and mental health practitioners it was confirmed that isolation is not practiced at the Residential Cottages. During the onsite audit, there were no residents that alleged sexual abuse or at risk of victimization being held in isolation for the auditor to interview. During the onsite review, there were no rooms that were located for isolation. The facility is substantially compliant with this provision, and no corrective action is required. The agency has a policy to isolate residents who allege to have suffered sexual abuse as a last resort until a less restrictive alternative means is arranged for safety. The policy is not applicable to the Residential Cottages. This was verified through interview, observation, policy and documentation review. The facility is substantially compliant with this standard and no corrective action is required.

115.371	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.IV.G.1.a 2. DYRS PREA Policy 2.13.IV.J.9-10 3. Affirmation of Compliance with Investigative Standards for Sexual Assaults

with Delaware State Police
4. State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect 2022
5. 2 Moss Group Certificates PREA Juvenile Specialized Investigations Training
6. 3 National Institute of Corrections Certificates PREA: Investigating Sexual Abuse in Confinement Settings
7. Notification of Investigation
8. Sexual Abuse Review of Substantiated and Unsubstantiated Outcomes Form
9. Non-Critical Reportable Event Form
10. Pre-Audit Questionnaire (PAQ)
11. Investigative Files

Interviews:

1. Delaware State Police (DSP)
2. Institutional Abuse (IA) PREA Investigator
3. Facility PREA Investigator
4. PREA coordinator
5. PREA compliance manager
6. Superintendent

Findings (by Provision):

115.371 (a):

According to information provided on the pre-audit questionnaire (PAQ), DYRS has a policy related to criminal and administrative agency investigations. Within DYRS Policy 2.13.IV.G.1, there is a section that addresses investigations at DYRS facilities. It states that All allegations of sexual abuse or sexual harassment are reported to the Child Abuse and Neglect Report Line and screened for Institutional Abuse investigation. Further, the policy mentions that for matters that could result in criminal action, Institutional Abuse (IA) will conduct a joint investigation with the Delaware State Police (DSP).

Based on information obtained from the investigative files of sexual abuse and sexual harassment, there was one allegation of sexual abuse and four allegations of sexual harassment in the preceding 12 months. The auditor reviewed the Non-Critical Reportable Event Forms and grievances, and there was one sexual abuse allegation and four allegations of sexual harassment at the Residential Cottages.

There were two grievances that should have prompted an investigation of an allegation of sexual harassment. The allegation was processed in house through the grievance process. Based on the information provided in the grievances, the incidents were not reported with the Child Abuse and Neglect Report Line.

According to IA PREA investigator, facility PREA investigator, and DSP, all investigations including third-party reports and anonymous reports are investigated immediately upon receipt of complaint of sexual abuse and sexual harassment. It

	was also detailed the steps in conducting administrative and criminal investigations of allegations of sexual abuse and sexual harassment. The investigators also stated that anonymous and third-party reports of sexual abuse are handled the same as all other allegations of sexual abuse and sexual harassment. The agency is not substantially compliant with this provision and corrective action is required. 115.371(b) According to the PAQ, where sexual abuse is alleged the agency shall use investigators who have received special training in sexual abuse investigations involving victims in accordance for PREA standard 115.334. Review of the investigative files, the investigations were conducted by trained investigators. In the PAQ, the agency provided two investigators' certificates through the PAQ for the Internal Abuse (IA) PREA investigators. They were trained by the Moss Group virtually in PREA: Juvenile Specialized Investigation Training. The facility also provided three investigator's certificates for the facility PREA investigators. One investigator completed two training courses virtually provided by the National Institute of Corrections. The courses were PREA: Investigating Sexual Abuse in a Confinement Setting and PREA: Investigating Sexual Abuse in a Confinement Setting-Advanced. The other facility PREA investigator was virtually trained by The Moss Group in PREA Juvenile Specialized Investigations Training. Two of the PREA investigators confirmed being trained in conducting sexual abuse investigations in juvenile confinement facilities. It was determined from the review of the investigative file of the sexual abuse allegation at the Residential Cottages was completed by a trained PREA investigator. The agency is substantially compliant with this provision and no corrective action is required. 115.371(c) According to the PAQ, investigators shall gather and preserve direct and circumstantial evidence including any available physical and DNA evidence and any available electronic monitoring data shall interview alleged victims suspected perpetrators and witnesses and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Review of the investigative file of alleged sexual abuse, the file contained an investigative summary, interviews, and reference to the reviewing of video footage. According to the PREA investigators, all investigations are to begin with a call to the Child Abuse and Neglect Report Line. Once received by the operator the information

	is sent to IA unit in DMSS who determines whether the call is screened in or out for IA response. The decision is sent to the PREA coordinator for review. If IA screens out, the allegation is then investigated administratively by one of the DYRS facility PREA investigators. The agency has implemented the process of cross investigating between DYRS facilities. Both IA PREA investigator and the facility PREA investigator stated that investigations would happen immediately. If the allegation is criminal, IA would conduct a joint investigation with DSP. If it the allegation is screened out, the investigation would be conducted administratively by the facility PREA investigators. All investigators responded that the first steps in initiating an investigation would be to begin interviewing the victim, witnesses, and perpetrator. Also, the collection of any circumstantial evidence including footage. In criminal allegations of sexual abuse, physical evidence would be collected by DSP and forensic examination by SANE/SAFE. The role of IA in criminal cases of sexual abuse and sexual harassment is supportive and as a liaison between the facility and DSP. The agency is substantially compliant with this provision and no corrective action is required. 115.371(d)-1 According to the information provided by the PAQ, DYRS reported that it does not terminate an investigation solely because the source of the allegation recants the allegation. In the Affirmation of Compliance with Investigative Standards for Sexual Assault with DSP, it affirms DSP will not terminate an investigation solely because the source of the allegation recants the allegation. According to interviews with IA, DSP, and the facility PREA investigator, an investigation continues and does not terminate if the source of the allegation recants. The agency is substantially compliant with this provision and no corrective action is required. 115.371(e) According to the PAQ, when the quality of evidence appears to support criminal prosecution, the DSP shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. According to the IA PREA investigator and DSP, there has been no sexual abuse investigation that rose to criminal threshold. Investigations that meet the criminal threshold are jointly investigated by DSP and IA. In the case of compelled interviews, confirmation was made by IA PREA investigator and DSP that the responsibility of consultation with the prosecutor prior to

	conducting a compelled interview would be done by DSP. The agency is substantially compliant with this provision and no corrective action is required. 115.371(f) According to the PAQ, the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident 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. According to the interviews of DSP, IA, and the facility PREA investigators, assessment of the credibility of an alleged victim, witness, or suspect is based on the evidence and an individual basis. It is not based on the individual's status as a resident or staff member. Further, it was confirmed by DSP that victims are not required to submit to a polygraph or other truth telling devices. IA PREA investigator and the facility PREA investigator confirmed that the agency does not require a resident that alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition to proceed with an investigation. Additionally, these prohibitions of polygraph and truth telling device are also contained in the Affirmation of Compliance with Investigative Standards for Sexual Assault with DSP. During the onsite audit, there were no residents who had reported sexual abuse at Residential Cottages to further confirm. The agency is substantially compliant with this provision and no corrective action is required. 115.371(g) According to the PAQ, administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence and the reasoning behind credibility assessments and investigative facts and findings. During the auditor's inquiry regarding documents contained in investigation files, the facility PREA investigator stated the investigations are documented in written reports. Further review of investigative files, the auditor located investigative summary, reference to footage of video, interviews, and a narrative with findings and recommendations. Three of the investigative files contained written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and finding. The auditor reviewed investigative file of the substantiated allegation of sexual abuse, and it was determined that the

	investigation did not yield that staff actions or failure to act contributed to the sexual abuse incident. The investigation was thorough in that it described both staff observation, staff report, and staff interview, and the electronic footage that corroborated the incident. The agency is substantially compliant with this provision and no corrective action is required. 115.371(h) According to the PAQ, criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. DYRS has not reported or provided documentation of any criminal investigations, because there have been no investigations of sexual abuse that have met the threshold. The interview with DSP yielded that criminal investigations would be documented in a report, and there were no criminal investigations of sexual abuse at the Residential Cottages. To obtain a portion of the documented report, the agency would receive a copy of the victim report. Forensic examination evidence would be turned over to the DSP for processing. The results of the forensic examination evidence would be returned to DSP. Within the Affirmation of Compliance with Investigative Standards for Sexual Assault, it affirms DSP would be responsible for documenting reports. The reports are to contain thorough description of physical, testimonial, and documentary evidence and include copies of all documentary evidence where feasible. The agency is substantially compliant with this provision and no corrective action is required. 115.71(i)-1 Reported in the PAQ, the agency responds that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. Cited in DYRS Policy 2.13IV.G.1.a, IA may complete a joint investigation with DSP for allegations that involve potentially criminal behavior. In both the interview with DSP and the IA PREA investigator, it was determined that substantiated allegations of conduct that appear to be criminal are referred for prosecution. According to DSP, there were no substantiated allegations of conduct that appeared to be criminal that was referred to for prosecution from Residential Cottages within the prior 12 months. When probable cause is established, the department contacts the Department of Justice for approval for prosecution. The agency is substantially compliant with this provision and no corrective action is required.

	115.371(j)-1 DYRS reported in the PAQ that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Documentation pertaining to sexual abuse and sexual harassment are maintained at the main campus of DSCYF which is located on the same campus as the Residential Cottages. The facility provided pictures of the secured files in the OAS, and the auditor has prior knowledge from the recent onsite audits completed within the prior 12 months. The files are secured in the management analyst's office, and the auditor observed the 2-lock system. The keyless access cabinet contained past years of written reports of sexual harassment and sexual abuse. Also, the facility has upgraded to maintaining files electronically. The PREA coordinator and the management analyst are the only staff that have electronic access to the files. In DYRS Policy 2.13.IV.J.9-10 is the agency's retention policy that PREA data shall securely stored using a double lock system, and documents are to be retained for no less than 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise. The agency is substantially compliant with this provision and no corrective action is required. 115.371(k)-1 The PAQ states the departure of the alleged abuser or victim from the employment or control or the facility or agency shall not provide a basis for terminating an investigation. According to interviews with both IA investigator, facility PREA investigator, and DSP, the departure of an alleged abuser or victim from employment or control of the facility or agency does not provide a basis for terminating an investigation. Review of investigative files, the auditor was unable to confirm practice due to the lack of allegations of sexual abuse files in which a victim or an employee departed from employment or control of the facility or agency during an investigation. The agency is substantially compliant with this provision and no corrective action is required. 115.371(l)-1 Auditor is not required to audit this provision. The agency is substantially compliant with this provision and no corrective action is required. 115.371(m)

	According to the PAQ, when outside agencies investigate sexual abuse, the facility shall cooperate with the outside investigators and shall endeavor to remain informed about the progress of the investigation. The auditor confirmed through interviews with the superintendent, PREA compliance manager, the facility PREA investigator, and the PREA coordinator that DSP would provide information to the IA PREA investigators pertaining to a sexual abuse investigation at the Residential Cottages. There were no allegations of sexual abuse that met the threshold for DSP involvement for the auditor to determine practice. The agency is substantially compliant with this provision and no corrective action is required. The evidence provided shows that the agency has a policy related to criminal and administrative agency investigations. Three out of five investigations of sexual abuse and sexual harassment allegations were conducted promptly, thoroughly, and objectively based on investigative files. Two investigations were handled as a grievance, and there was no notification to the Child Abuse and Neglect Report Line. The auditor was able determine the practice of certified PREA investigators conducting investigations of sexual abuse and sexual harassment and it was verified by reviewing investigative files. The practice of documenting interviews, collecting direct or circumstantial evidence, video footage, and complaints were located within investigative files. Interviews of PREA investigators have confirmed that investigations are not terminated due to the source of the allegation being recanted, and credibility is assessed on an individual basis. Also, investigations are not terminated due to the departure of an alleged abuser or victim from employment or release from the facility. The auditor relied on interviews and the investigative files to determine if the facility reports if staff actions or failures contributed to sexual abuse. The prior site review at the DSCYF Campus and pictures confirmed the practice of maintaining written reports in accordance to 115.371(j). DSP, IA, and the facility PREA investigators confirmed investigations of sexual abuse and sexual harassment are conducted jointly, and information would be shared with IA of the progress of the investigation. Based on this analysis, the agency is not substantially compliant with this standard and corrective action is required. **Corrective Action:** 1. The facility shall provide prompt, thorough, and objective investigation of a mock scenario of a substantiated allegation of sexual abuse and a substantiated allegation of sexual harassment that was reported via the grievance box. The auditor shall be provided with the investigation of both scenarios and outcomes. **Verification of the Corrective Action since the onsite PREA audit:**

	In response to the corrective action, Residential Cottages submitted documentation via OAS on 5/18/2026, 6/2/2026, 6/3/2026, and 6/29/2026. The following documents were submitted: • Investigative File 3/26/26 • Investigative File 3/26/26 • Investigative File 2/13/2026 • 72 Grievances • Grievance Process Training Roster 6/3/2026 • Residential Cottages Grievance Procedure • Residential Cottages Handbook-English • Residential Cottages Handbook-Spanish • Residential Cottages Resident Grievance/Complaint Form 4/28/2026 • Investigative Summary Template 5/6/2026 • Substantiated Sexual Abuse or Sexual Harassment Incident Form 4/28/2026 • Substantiated Sexual Abuse or Sexual Harassment Form: Victim Information • Substantiated Sexual Abuse or Sexual Harassment Form: Perpetrator Information • Notification of Investigation 5/8/2026 • Sexual Abuse Incident Review of Substantiated or Unsubstantiated Investigations 5/22/2026 • Residential Cottages Resident Grievance/Complaint Form 4/30/2026 • Investigative Summary Template 5/8/2026 • Substantiated Sexual Abuse or Sexual Harassment Incident Form 6/26/2026 • Substantiated Sexual Abuse or Sexual Harassment Form: Victim Information • Substantiated Sexual Abuse or Sexual Harassment Form: Perpetrator Information • Notification of Investigation 5/8/2026 • Sexual Abuse Incident Review of Substantiated or Unsubstantiated Investigations 5/26/2026 **Corrective Action Intent:** The intent of this corrective action was to ensure that the Residential Cottages provides prompt, thorough, and objective investigations of allegations of sexual abuse and sexual harassment. The facility included both mock scenarios and actual investigative files to demonstrate compliance. To strengthen practice, the facility trained staff responsible for processing grievances on how to identify sexual abuse and sexual harassment allegations within grievances and how to report them appropriately. Based on the documentation reviewed including investigative files, mock grievance scenario, grievances, and staff training materials/rosters the facility demonstrated its ability to provide prompt, thorough, and objective investigation of sexual abuse and sexual harassment allegations. The auditor finds the facility substantially compliant with PREA Standard 115.371.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect: Child Abuse Protocol 2. Pre-Audit Questionnaire (PAQ) 3. DYRS PREA Policy 2.13.IV.G.2 4. Investigative Files Interviews: 1. Institutional Abuse (IA) PREA investigator 2. Facility PREA investigator Findings (by Provision): 115.372(a)-1: According to the pre-audit questionnaire, DYRS imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. Reviewed in the State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect: Child Abuse Protocol p.35, DFS Institutional Abuse (IA) PREA Investigator will make a finding within 45 days once it has established that a preponderance of the evidence exists. For the facility PREA investigators the same evidentiary standard is followed. Within the DYRS PREA Policy 2.13.IV.G.2, for administrative investigations into sexual abuse or sexual harassment, the allegations will be substantiated based upon a preponderance of the evidence, meaning that the allegation is more likely than not to have occurred. During interviews, the IA PREA investigator confirmed that the evidentiary standard utilized to substantiate allegations of sexual abuse and sexual harassment is the preponderance of the evidence. Further it was confirmed by a facility PREA investigator, the evidentiary standard applied to substantiate allegations of sexual abuse and sexual harassment is the preponderance of the evidence. Within the last 12 months, there was one allegation of sexual abuse investigation at Residential Cottages documented on the Pre-Audit Questionnaire (PAQ). Based on the review of the investigative file, the PREA investigator applied the evidentiary standard of preponderance of the evidence. The agency is substantially compliant with the provision and no corrective action is

	required. Based on the analysis of the State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect: Child Abuse Protocol, DYRS PREA Policy 2.13, interviews with PREA investigators, and the investigative file, the auditor has determined that DYRS does not impose a standard higher than a preponderance of the evidence when substantiating allegations of sexual abuse or sexual harassment. The agency is substantially compliant with this standard and no corrective action is needed.

115.373	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS Policy 2.13.IV.G.4 2. DYRS Policy 2.13 Attachment D Notification of Investigation 3. Pre-Audit Questionnaire (PAQ) 4. Investigative Files Interviews: 1. Facility PREA Investigator 2. Superintendent 3. Delaware State Police (DSP) Findings (by Provision): 115.373(a): On the pre-audit questionnaire (PAQ), DYRS confirmed that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. DYRS Policy 2.13.IV.G.4 states that upon completion of an investigation, the resident will be informed whether the allegation was substantiated, unsubstantiated or unfounded. This notification is made using the Notification of Investigation form that is attached to this policy. The referenced Attachment D-Notification of Investigation is an attachment to PREA Policy 2.13. Within the prior 12 months, there was one allegation of sexual abuse. Located in the

	investigative file for this allegation was a copy of the Notification of Investigation. The form included the findings, notations, and the signature of the facility PREA investigator. The superintendent confirmed that residents are notified of the outcomes of allegations of sexual abuse. All three investigators acknowledged that they were aware that residents are to be informed of the outcomes of allegations. The agency is substantially compliant with this provision and no corrective action is required. 115.373(b): On the PAQ, the agency confirmed that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. According to Institutional Abuse, there is a request for relevant information from the external investigative entity in order to inform the resident of the outcome of the sexual abuse investigation. Further the agency responded that the facility will always complete an administrative investigation and use the facility's findings to inform a resident. According to the PAQ, there were no investigations of allegations of sexual abuse conducted by an outside entity within the last 12 months. During an interview with the Delaware State Police (DSP), there were no allegations of sexual abuse investigated at the Residential Cottages in the prior 12 months. The sexual abuse that occurred was screened out to the facility for investigation. During the onsite PREA audit, there were no residents that had reported sexual abuse to interview. The facility is substantially compliant with this provision and no corrective action is required. 115.373(c-d): According to DYRS Policy 2.13.IV.G.4.a-b, youth are provided notification of outcome of investigation if the alleged abuse was by a staff member unless unfounded, no longer staffed on unit, no longer employed, or indicted/convicted on a charge of sexual abuse. If the alleged abuse was another youth, the youth would be informed when the facility is informed that the alleged abuser has been indicted or convicted on a charge of sexual abuse within the facility. There were no staff on resident sexual abuse allegations reported at the facility within the prior 12 months. There was one resident on resident substantiated allegation of sexual abuse within the prior 12 months at the Residential Cottages. The resident was provided the Notification of Investigations. During the onsite PREA audit, there were no residents that had reported sexual abuse to interview.

	The facility is substantially compliant with this provision and no corrective action is required. 115.373(e) DYRS Policy 2.13.IV.G.4 requires documentation of notification of outcome for sexual abuse investigations. Additionally, the DYRS Policy 2.13 Attachment D Notification of Investigation is the specific document identified in the policy to be utilized. There was one substantiated allegation of sexual abuse within the prior 12 months. In the investigative file, the auditor located a copy of the completed Notification of Investigation. The facility is substantially compliant with this provision and no corrective action is required. Based on the analysis of DYRS Policy 2.13.IV.G.4 and DYRS Policy 2.13 Attachment D Notification of Investigation and interviews with the superintendent and investigators, it is evident that the agency notifies residents of the outcomes of sexual abuse investigations. The agency maintains documentation of the outcomes of investigations. The agency is substantially compliant with this standard and no corrective action is required.

115.376	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.IV.H.1. 2. Delaware Children’s Department Policy 309 Removal of Employee from the Workplace 3. Delaware Children’s Department Policy 313 Initial Background Checks and Subsequent Arrest 4. Respectful Workplace and Anti-Discrimination Policy DHR-STW-104.2 (Effective 12/4/2024) (Revision 12/4/2024) 5. Child Abuse Protocol Delaware Code 91 6. Termination List Review 7. Investigative Files 8. Pre-Audit Questionnaire (PAQ) Interviews:

1. Delaware State Police (DSP)

Findings (by Provision):

115.376(a):

According to the pre-audit questionnaire (PAQ), Residential Cottages reports that staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse and sexual harassment policies.

The facility references several policies in upholding the ability to sanction staff up to an including termination for violating the agency sexual abuse and sexual harassment policies.

Residential Cottages references DYRS PREA Policy 2.13.IV.H.1. that states all staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse and sexual harassment policies.

Also, provided in the PAQ was the Agency Policy 309 Delaware Children's Department Policy Removal of Employee from the Workplace. The policy establishes guidelines for removal of an employee from the workplace when it is determined that their continued presence jeopardizes safety, security, or public confidence in the department. The policy includes the following behaviors sexual abuse against a child and harassment.

Found in the Respectful Workplace and Anti-Discrimination Policy DHR-STW-104.2, the State of Delaware outlines the work environment of the State is characterized by mutual trust and the absence of intimidation, oppression, and exploitation. All employees are covered by and are expected to comply with this policy and to take appropriate measures to ensure that prohibited conduct does not occur. Additionally, the policy states, appropriate disciplinary action will be taken against any employee who violates this policy. Based on the seriousness of the offense, disciplinary action may include, but not be limited to, written reprimand, suspension, or termination of employment.

Review of the investigative files yielded no allegations of staff violation of agency sexual abuse and sexual harassment policies.

The facility is substantially compliant with this provision and no corrective action is required.

115.376(b):

According to information provided on the PAQ, the Residential Cottages reported in the prior 12 months there were no instances that staff violated the agency sexual abuse or sexual harassment policies.

The auditor reviewed termination and resignation list with PREA compliance manager and discussed each former staff person's explanation for resigning or

	being terminated. There were no instances in which a former staff member was terminated due to sexual abuse or sexual harassment. The auditor determined from reviewing investigative files that there was no substantiated staff on resident violation, resignation or termination for violating the agency sexual abuse or sexual harassment policy. Delaware State Police reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department from the Residential Cottages. The facility is substantially compliant with this provision and no corrective action is required. 115.376(c): In the PAQ, Residential Cottages reported that sanctions for violations of agency policies relating to sexual abuse or sexual harassment are 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. The facility reported the last 12 months there was no staff violation for violating the agency’s sexual abuse or sexual harassment policy. The facility references DYRS PREA Policy 2.13.IV.H.1. states staff shall be subject to disciplinary sanctions up to including termination for violating agency sexual abuse and sexual harassment policies. Human resources will be consulted as applicable. PREA compliance manager reported there were no allegations of sexual abuse or sexual harassment allegations during the prior 12 months. The facility is substantially compliant with this provision and no corrective action is required. 115.376(d): In the PAQ, the facility reported all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The facility reported the last 12 months there had been no staff terminations or resignations for violating the agency’s sexual abuse or sexual harassment policy. Residential Cottages refers to PREA Policy 2.13 Section IV, H.1, states that staff shall be subject to disciplinary sanctions up to including termination for violating agency sexual abuse and sexual harassment policies. Human resources will be consulted as applicable. To ensure that reporting to law enforcement agencies and licensing bodies the State of Delaware established in the Child Abuse Protocol Delaware Code 91 that in keeping with the following statutory requirements, certain MDT members shall make reports to professional regulatory organizations and other agencies upon receipt of

	reports alleging abuse or neglect by professionals licensed in Delaware. The code includes all state agencies other than law-enforcement agencies Review of the resignation and termination list, there were no former staff identified as being terminated for violating the agency's sexual abuse and sexual harassment policy. The facility is substantially compliant with this provision and no corrective action is required. The evidence shows that agency policy provides that staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse and sexual harassment policies which was verified through the PAQ, policy, and termination review. Staff is subject to disciplinary sanctions up to and including termination. Residential Cottages has demonstrated that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse which was verified through policy. There were no substantiated allegations that warranted notification to law enforcement agencies or licensing bodies, and it was verified through policy and investigative files. Based on this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.377	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.III.A. IV. F.1. 2. State of Delaware Memorandum of Understanding for Multidisciplinary Response 3. Department of Services for Children, Youth and Their Families Policy 305 Standards of Conduct Employees, Volunteers and Interns 4. Removal of Employees from the Workplace Policy 309 (Revised 11/1/2021) 5. Investigative Files 6. Pre-Audit Questionnaire (PAQ) Interviews:

1. Superintendent

Delaware State Police

Findings (by Provision):

115.377(a):

DYRS reported on the pre-audit questionnaire (PAQ) states DYRS policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was not criminal to relevant licensing bodies and be prohibited from contact with residents. In the past 12 months the facility reported that there had been no volunteers or contractors reported to law enforcement or licensing bodies for engaging in sexual abuse of residents.

In the definitions section of the DYRS PREA Policy 2.13, that cites volunteers and contractors are defined as staff. The agency relies on DYRS PREA Policy 2.13.III.A.IV. F.1. Staff must comply with child abuse reporting laws and will report any incidents of sexual abuse and sexual harassment to Child Abuse and Neglect Report Line.

The facility relies on Policy 309 Removal of Employee from Workplace Section II, which outlines that the allegations of sexual abuse against a resident may lead to immediate removal of the employee from the workplace. Note that volunteers and contractors are identified as employees in DYRS PREA Policy 2.13. Definitions.

The facility provided the State of Delaware Memorandum of Understanding for a Multidisciplinary Response that outlines DFS must make an immediate report to the appropriate law enforcement jurisdiction and the Department of Justice for all civil offenses identified in the Sexual Abuse Protocol, DFS is required to report all persons, agencies, organizations and entities to DOJ for investigation if they fail to make mandatory reports of child abuse or neglect.

According to the PAQ, there were no contractors or volunteers that have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the prior 12 months.

The facility is substantially compliant with this provision and no corrective action is required.

115.377(b):

Residential Cottages reported the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

In DSCYF Policy 305 outlines the mandates surrounding interaction with residents by volunteers and interns and their responsibilities and standards of conduct. The policy also details appropriate remediate measures in DSCYF Policy 305.VII.A. It states all employees, volunteers and interns are responsible for being aware of and

	complying with the content of this policy. Failure to comply with any provision in this policy may result in discipline up to and including termination. During an interview with the superintendent, when asked in the case of any violation of agency sexual abuse and sexual harassment policy by a contractor or volunteer does your facility take remedial measures and prohibit further contact with residents, it was confirmed that the Residential Cottages would take remedial measures and prohibit further contact by a contractor or volunteer. Review of investigative files, and the auditor determined that there were no instances in which a volunteer or contractor was found to have violated the agency's sexual abuse or sexual harassment policy that would have warranted remedial action to prohibit contact with residents. The facility is substantially compliant with this provision and no corrective action is required. The facility has demonstrated that contractors and volunteers are subject to reporting to law enforcement for engaging in sexual abuse, and they are prohibited from contact with residents. The facility confirmed the practice of remedial measures to prohibit further contact of volunteers and contractors from residents for violation of agency sexual abuse or sexual harassment policies. These practices were further verified by policy, interviews, and investigative files. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.IV.H.2 2. DYRS LGBTQI Policy 2.20.IV.E.1.c 3. CBT Discipline Matrix 4. Residential Cottages Resident Manual English and Spanish. 5. Housing Unit Logs 6. Investigative Files 7. 13 Resident Files 8. Pre-Audit Questionnaire (PAQ) 9. DSCYF Prevention, Detection, and Response to Sexual Abuse in DYRS Custody 2025 PowerPoint 2025

	Interviews: 1. Superintendent 2. Medical and mental health staff 3. Discipline staff 4. Delaware State Police Onsite Review Observations: 1. Observations during onsite review. Findings (by Provision): 115.378(a): DYRS reported in the pre-audit questionnaire (PAQ) that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding or criminal finding of guilt that the resident engaged in resident-on-resident sexual abuse. Residential Cottages reported that in the past 12 months there was one administrative finding of substantiated resident-on-resident sexual abuse that occurred at the facility. The facility refers to PREA Policy 2.13.IV.H.2 that details that residents are subject to disciplinary sanctions if after an investigation there is an administrative finding or criminal findings that he or she sexually abused another resident or if a resident had sexual contact with a staff member and there the finding indicates the staff did not consent. During the review of the CBT Discipline Matrix, the auditor located the sanction for a false PREA allegation and the sanction for sexual assault. Review of investigative files, it was determined that there was a sanction through Cognitive Behavioral Therapy (CBT) for the substantiated allegation of resident-on-resident sexual abuse. The facility is substantially compliant with this provision and no corrective action is required. 115.378(b): In the PAQ, the Residential Cottages reported that if a disciplinary sanction for resident-on-resident sexual abuse results in isolation of a resident, policy requires that residents in isolation have daily access to large-muscle exercise, legally required educational programming, and special education services, shall receive daily visits from medical or mental health care clinician, and have access to other programs and work opportunities.

	In the PAQ, the facility reported there were no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse that were denied access to large-muscle exercise, legally required programs, special education services, other programs, or work opportunities. Agency Policy LGBTQI 2.20 Section IV, E, 1, c, outlines that during a period of isolation DYRS staff shall not deny youth daily large-muscle exercise, legally required programming, or special education services. Youth in isolation shall receive daily visits from medical staff or behavioral health services clinician provider. It should be noted that the facility does not practice isolation. It does practice Administrative Intervention which removes resident from programming, but it is not confined to isolation. Sanctions include time outs or periods of time that a resident may not be able to earn points, pluses, coupons or any other benefits of the program. This information is in the resident handbook. When asked what disciplinary sanctions residents are subject to following an administrative or criminal finding that a resident engaged in resident-on-resident sexual abuse, the superintendent responded that residents would be possibly sanctioned with CBT sanctions, administrative intervention, and up to including criminal charges. During interviews with both staff and residents, it was determined by the auditor the practice of isolation was not practiced at the Residential Cottages. The facility is substantially compliant with this provision and no corrective action is required. 115.378(c): In the PAQ, the disciplinary process considers whether a resident’s mental disabilities or mental health contributed to his or her behavior when determining what sanction, if any, should be imposed. The superintendent confirmed when determining sanctions a resident’s mental disability or mental illness is considered when determining sanctions. Review of investigative files and residents files, the auditor determined that the sanctions imposed considers the resident’s mental disabilities and mental illness. The facility is substantially compliant with this provision and no corrective action is required. 115.378(d): If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, they do not require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, access to general programs and education is not conditional on participation.

	Medical and mental health practitioners confirmed that the facility offers therapy, counseling and other interventions designed to address and correct underlying reasons or motivations for sexual abuse and the facility offers services to offending residents. Staff reported that services would be offered to both alleged victim and alleged abuser. It was also confirmed that the services would not be a part of a rewards-based behavior management system, programming or education. Investigative files consisted of one allegation of sexual abuse and three allegations of sexual harassment during the prior 12 months. During an interview, Delaware State Police (DSP) reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department in the prior 12 months. A review of investigative files confirms there was one substantiated allegation of resident-on-resident sexual abuse at the facility during the 12 months preceding the onsite audit. The allegation was investigated administratively. The facility is substantially compliant with this provision and no corrective action is required. 115.378(e): In the PAQ, the facility reports that the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The facility relies on DYRS PREA Policy 2.13.IV.H.2, which outlines residents are subject to disciplinary sanctions if after an investigation there is an administrative finding or criminal findings a resident had sexual contact with a staff member and the finding indicates the staff did not consent. As outlined in the Residential Cottages Resident Handbook, the facility uses Cognitive Behavioral Training (CBT). The goal of the program is to change inappropriate behavior. It was reported there was one allegation of sexual abuse and four allegations of sexual harassment during the prior 12 months. During an interview, DSP reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department. A review of investigative information and the PAQ confirms there were no administrative findings or criminal findings that a resident had sexual contact with a staff member and the finding indicates the staff did not consent at the facility during the 12 months preceding the onsite audit. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.378(f): In the PAQ, the facility reported they prohibit disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation.

	Cited DYRS PREA Policy 2.13.IV.H.3 for disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident, even if an investigation does not establish evidence sufficient to substantiate the allegation. Agency relies on the Cognitive Behavioral Therapy Discipline Matrix. As outlined in the Residential Cottages Resident Manual, there is zero-tolerance of sexual abuse, assault and harassment in the facility. The facility uses Cognitive Behavioral Training, or CBT. The goal of the program is to change inappropriate behavior. The matrix lists false PREA allegations as a behavior that would warrant discipline of being placed on administrative intervention. The matrix does not describe discipline for good faith reports, but only for bad faith reports. Although a policy is not required as written. DSCYF Prevention, Detection, and Response to Sexual Abuse in DYRS Custody 2025 PowerPoint 2025 establishes that the facility treats all reports of sexual abuse or sexual harassment as credible. All reports will be thoroughly investigated, and residents will be protected from retaliation. A review of investigative information and grievances confirms there was no disciplinary action for a report of sexual abuse made in good faith. The facility is substantially compliant with this provision and no corrective action is required. 115.378(g): In the PAQ, DYRS reported that agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Stated in PREA Policy 2.13.II, DYRS has a zero-tolerance for any incidence of sexual activity with youth in secure care. DYRS commits to full compliance with the Prison Rape Elimination Act. Any type of forced or unwanted sexual abuse or sexual harassment between youth or any type of sexual abuse or sexual harassment between staff and youth is criminal and prohibited. The facility is substantially compliant with this provision and no corrective action is required. The evidence shows that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process. It was confirmed by policy and interview. Resident’s disability and mental health are considered when determining sanctions which were verified through interviews, and investigation information. The facility offers therapy without conditions of access to the alleged abuser, which was verified through PAQ and staff interviews. Additionally, the agency disciplines residents for sexual conduct with staff upon finding that the staff did not consent, which was verified by PAQ and policy. The agency demonstrated that it prohibits disciplinary action for a report of sexual abuse made in good faith, which was verified by PAQ,

	CBT Matrix and policy. Lastly, the evidence shows that the agency prohibits all sexual activity between residents which was verified by PAQ, policy, and resident handbook. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.381	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.IV.I.1. 2. 13 Resident Files 3. 13 PREA Risk Assessment 4. 8 Notations of Offering of Counseling 5. Pre-Audit Questionnaire (PAQ) 6. Authorization for Release of Information 7. Correspondence Youth History 8. Correspondence- Consent of 18 Year Olds Interviews: 1. Staff Responsible for Risk Screening 2. Medical and Mental Health Staff Onsite Review: 1. Review of Mental Health and Medical Records Findings (by Provision): 115.381(a): In the pre-audit questionnaire (PAQ), Residential Cottages reported that all residents at this facility who have disclosed any prior sexual victimization during a screening are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility cites PREA Policy 2.13.IV.I.1. that outlines if the PREA assessment indicates that a resident has experienced sexual victimization or has been sexually

	abusive, whether it happened in an institutional setting or not, the resident will be offered a follow-up meeting with a medical or mental health practitioner as soon as possible, but within 14 days of the assessment. In the PAQ, the facility reported that in the past 12 months, all residents who disclosed prior victimization during a screening would be offered a follow-up meeting with a medical or mental health practitioner and medical and mental health staff maintain secondary materials documenting compliance. Within the PAQ, the auditor was provided eight resident files demonstrating the practice of mental health staff offering counseling upon the disclosure of prior sexual victimization. Follow-ups occurred well within the 14-day PREA mandate of the PREA risk assessment. Staff that conduct risk screenings are mental health staff and as backup medical staff assists. The facility has 24-hour medical staff, and all intakes are scheduled. During an interview with the staff responsible for risk screenings, it was corroborated that the facility offers follow-up meetings with medical and mental health practitioners to residents that disclose prior victimization of sexual abuse. The auditor reviewed 13 medical and mental health files that included the 13 PREA risk screenings. The facility is substantially compliant with this provision and no corrective action is required. 115.381(b): In the PAQ, the agency reported that all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. In the PAQ, the facility reported that in the past 12 months, all residents who would disclose they previously perpetuated sexual abuse during screening are offered a follow-up meeting with a mental health practitioner. Mental health staff maintain secondary materials documenting compliance. According to a correspondence received in the PAQ, there were no residents that disclosed perpetrating sexual abuse. The auditor reviewed 13 medical and mental health file records and 13 PREA risk screenings. A review of the record shows that there were no residents who previously perpetrated sexual abuse. It is noted that staff that conduct risk screening are mental health practitioners. When asked if the screening indicates that a resident previously perpetuated sexual abuse, do you offer a follow-up meeting, staff confirmed that they would offer a follow-up meeting within the 14 days of the PREA risk assessment. The facility is substantially compliant with this provision and no corrective action is

	required. 115.381(c): It was reported in the PAQ, Residential Cottages reported that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. During interviews with medical and mental health practitioners, it was explained that PREA risk assessments are completed in the agency's database, FOCUS. The assessment is separate from other files. Access to the actual risk assessment is limited to medical and mental health practitioners. A review of the PREA risk assessment notification shows that recommendations informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments are only provided to the superintendent and program managers, and they are only provided an email generated by focus detailing the recommendations for placement in rooms. The facility is substantially compliant with this provision and no corrective action is required. 115.381(d): In the PAQ, Residential Cottages reported that the medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. During an interview with medical and mental health staff, when asked, do you obtain informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting, it was stated that they are mandatory reporters. Residents over 18 would obtain verbal consent. Provided in the PAQ was a correspondence that there were no instances that consent for disclosure was needed for residents over the age of 18. A review of file documentation, medical and mental health staff obtained informed and verbal consent for all residents which was verified through staff interviews and documentation review of medical records. The facility is substantially compliant with this provision and no corrective action is required. The Residential Cottages requires that a follow-up meeting is offered to residents that disclose prior victimization or perpetuated sexual abuse, and the facility would conduct the follow-up within 14 days of the intake process, which was verified through PAQ, policy, interview, and documentation review. The facility has controlled the level of access that each member of staff has to the FOCUS database

	to control and protect sensitive information. In addition, information related to sexual victimization or abusiveness is limited and strictly controlled which was verified by PAQ, documentation review, and interviews. Lastly, evidence shows that medical and mental health staff do obtain informed consent for residents over the age of 18. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.382	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.IV.I.2. 2. DYRS Medical Emergencies Policy 7.3 3. Department of Services for Children, Youth and Their Families Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults with Christiana Care Hospital 4. Memorandum of Agreement Between the Division of Youth Rehabilitative Services and Survivors of Abuse in Recovery, Inc. 5. 13 Resident Files Interviews: 1. Medical and mental health staff 2. SANE/SAFE Coordinator Christiana Care Hospital Findings (by Provision): 115.382(a-b): In the pre-audit questionnaire (PAQ), the Residential Cottages reported that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, services are determined by medical and mental health practitioners' professional judgement. Additionally, the facility reported that medical and mental health staff maintain secondary materials that document the timeliness of emergency medical treatment and crisis intervention services provided; the response by non-health staff if health

staff were not present at the time the incident was reported; and appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis services onsite.

The facility references policy 7.3 Medical emergencies, that outlines the physician in charge should be contacted immediately in the event of an emergency. If the youth is not transported to another facility or hospital, the physician in charge shall be required to respond to emergencies. The policy provides an order of telephone contacts for emergency:

1. Ambulance or paramedic
2. Physician in charge
3. Facility superintendent or designee
4. Deputy director
5. Parent, guardian or legal guardian.

It should be noted that the Residential Cottages have 24-hour medical available on the campus.

The auditors interviewed the SANE/SAFE examiner at Christiana Hospital. If there was not one available, they would be referred to AI Dupont.

The medical and mental health practitioners at the Residential Cottages corroborated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. They also affirmed that the nature and scope of services are determined according to their professional judgement.

PREA Policy 2.13 outlines that resident victims of sexual abuse will be referred to Christiana Care Hospital for medical interventions. The hospital has 22 SANE/SAFE who can provide forensic examination. The agency has an affirmation of compliance with forensic examinations standards for sexual assaults with Christiana Care Hospital in Newark that provides forensic examinations, victims advocate through investigatory interviews, emotional support, crisis intervention and referrals.

The agency also has a Memorandum of Agreement between the Division of Youth Rehabilitative Services and Survivors of Abuse in Recovery, Inc. (SOAR). The MOA ensures that DYRS youth that have been victims of sexual abuse be provided advocates during forensic examinations, emotional support and counseling services related to their victimization.

The facility is substantially compliant with this provision and no corrective action is required.

115.382(c):

In the PAQ, the agency reported that resident victims of sexual abuse while incarcerated are offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with

	professionally accepted standards of care, where medically appropriate. The facility provided Department of Services for Children, Youth and Their Families Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults that outlines that Christiana Care Hospital employs forensic examination protocols in regard to sexual assaults of children in Delaware that are appropriate for youth. The forensic exams are made available without cost to the youth, hospital attempts to make available to the victim a victim advocate from a rape crisis center, qualified agency staff member, qualified community-based organization staff member with support through SANE process, investigative interviews, emotional support, crisis intervention, information and referrals. The medical and mental health staff confirmed that victims of sexual abuse while incarcerated would be offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis. The facility is substantially compliant with this provision and no corrective action is required. 115.382(d): In the PAQ, the DYRS reported that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In PREA Policy 2.13.IV.I.3 states nonemergency medical and mental health care and treatment are offered to all residents who are victims of sexual abuse in any prison, jail, lockup or juvenile facility without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising of the incident. The facility provided Department of Services for Children, Youth and Their Families Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults with Christiana Care Hospital that outlines forensic exams are made available without cost to the youth where evidentiary or medically appropriate. The facility is substantially compliant with this provision and no corrective action is required. The evidence shows that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, and it was verified through PAQ, policy, documentation review and interviews. Resident victims of sexual abuse while incarcerated are offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis which was verified through PAQ, MOU, and interviews. Lastly, treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation which was verified through PAQ, MOU, and PREA Policy 2.13. Based upon this analysis, the facility is substantially compliant with this standard

	and no corrective action is required.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.IV.I. 2. Department of Services for Children, Youth and Their Families Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults with Christiana Care Hospital 3. Memorandum of Agreement Between the Division of Youth Rehabilitative Services and Survivors of Abuse in Recovery, Inc. (SOARS) 4. Residential Cottages Resident Handbook English and Spanish 5. 13 Resident files 6. 13 Risk assessments 7. 13 Medical Files Interviews: 1. Medical and mental health Practitioners 2. SANE/SAFE Christina Care Hospital, Newark Delaware Findings (by Provision): 115.383(a): In the pre-audit questionnaire (PAQ), the Residential Cottages reported they offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Residential Cottages references PREA Policy 2.13.IV.I.1, If the PREA assessment indicates that a resident has experienced sexual victimization or has been sexually abusive, whether it happened in an institutional setting or not, the resident will be offered a follow-up meeting with a medical or mental health practitioner as soon as possible, but within 14 days of the assessment. Based on information obtained from both mental health and medical files, it was determined by the auditor that internally the facility does provide services to the

	residents. Further it has been determined that residents who disclose prior victimization are offered a follow-up meeting with a mental health practitioner within 14 days. The Agency provided the Department of Services for Children, Youth and Their Families Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults that outlines Christiana Care Hospital. This document demonstrates the external supports that are provided via forensic examinations, victim advocacy through investigatory interviews, emotional support, crisis intervention and referrals. Review of the facilities coordinated response plan outlines that once facility staff receive an allegation, they would notify a supervisor, the victim would be taken to the medical unit before being transported to the hospital for examination and services. The facility is substantially compliant with this provision and no corrective action is required. 115.383(b): PREA Policy 2.13.IV.I.3 states that resident victims will be referred to Christiana Care Hospital, New Castle County for medical interventions. Non-emergency medical and mental health care are offered to all residents who are victims of sexual abuse in any juvenile facility. The auditors interviewed the SANE/SAFE coordinator at Christiana Care Hospital regarding the services that would be provided for victims from Residential Cottages. The hospital provides forensic examinations by SANE/SAFE and they access through SARC for victim advocates, counseling. There are 22 SANE/SAFE examiners available at the hospital or on call. If there is no forensic examiner available, the hospital would refer to AI Dupont Hospital. During interviews with medical staff, when asked what evaluation and treatment of residents who have been victimized entail, staff responded that there would be medical and mental health evaluations, referrals to SOAR, and counseling. Department of Services for Children, Youth and Their Families Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults outlines that Christiana Care Hospital provides forensic examinations, victims advocate through investigatory interviews, emotional support, crisis intervention and referrals. The agency has a Memorandum of Agreement between the Division of Youth Rehabilitative Services and Survivors of Abuse in Recovery, Inc. (SOAR). The document details that DYRS youth that have been victims of sexual abuse are provided advocates for support during a forensic medical examination and emotional support services related to their victimization. The facility is substantially compliant with this provision and no corrective action is required.

	115.383(c): During interviews with medical and mental health staff, when asked are medical and mental health services consistent with community level of care, medical and mental health staff stated yes. Review of medical files and risk assessments confirms that medical and mental health staff are available and treating residents regularly. The facility is substantially compliant with this provision and no corrective action is required. 115.383(d-e): In the PAQ, the Residential Cottages reported if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. According to the Department of Services for Children, Youth and Their Families Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults outlines that Christiana Care Hospital provides forensic examinations, victim advocates through investigative interviews, emotional support, crisis intervention and referrals. The facility references PREA Policy 2.13.IV.I.3, that resident victims will be referred to Christiana Care Hospital for medical interventions as a result of sexual abuse. Non-emergency medical and mental health care are offered to all residents who are victims of sexual abuse in any juvenile facility. Medical staff confirmed that if pregnancy resulted from sexual abuse while incarcerated, victims would be given timely information and access to all lawful pregnancy-related service. The facility is substantially compliant with this provision and no corrective action is required. 115.383(f): In the PAQ, the facility reported that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The facility references PREA Policy 2.13.IV.I.3, that resident victims will be referred to Christiana Care Hospital for medical interventions as a result of sexual abuse. Non-emergency medical and mental health care are offered to all residents who are victims of sexual abuse in any juvenile facility. Department of Services for Children, Youth and Their Families Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults outlines that Christiana Care Hospital provides forensic examinations, victims advocate through investigative interviews, emotional support, crisis intervention and referrals. The facility reported that there were no sexual abuse allegations at the facility

	during the last 12 months prior to the onsite audit that would require a forensic examination. It was further confirmed in the review of investigative files. The facility is substantially compliant with this provision and no corrective action is required. 115.383(g): In the PAQ, the facility reported that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In accordance with Department of Services for Children, Youth and Their Families Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults details that services are made available without consideration of cost to the youth where evidentiary or medically appropriate. The facility is substantially compliant with this provision and no corrective action is required. 115.383(h): According to the PAQ, the facility reported that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The facility reference PREA Policy 2.13 Section IV, I-4, a mental health evaluation will be completed of all known resident-on-resident abusers within 60 days of finding out about the history of abuse. During interviews with mental health staff, when asked, do you conduct a mental health evaluation of all known resident-on-resident abusers and offer treatment if appropriate. Mental health staff stated yes. The auditors reviewed 13 resident files and 13 risk assessments, and there were no residents identified with a resident-on-resident abuse history in the prior 12 months. The facility is substantially compliant with this provision and no corrective action is required. The evidence shows that medical and mental health services evaluation and treatment are offered for residents that have been victimized by sexual abuse, and it was verified through policy, interviews, and documentation review. The facility provides evaluation and treatment for victims including follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to another facility or release from custody which was verified through policy, MOA, and interviews. Residential Cottages provides victims with medical and mental health services consistent with the community level of care which was

	verified through practice, documentation review, and interviews. Residents are provided with access to pregnancy related services and tests for sexually transmitted infections, and it was verified by the PAQ, MOU, and interviews. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS PREA Policy 2.13.IV.J.1.a.-f 2. DYRS PREA Policy 2.13 Attachment E- Sexual Abuse Incident Review of Substantiated or Un-substantiated Outcomes Form 3. Investigative File 4. PREA Sexual Abuse Review Team List 5. Pre-Audit Questionnaire (PAQ) Interviews: 1. Superintendent 2. PREA Compliance Manager 3. Incident Review Team Member Findings (by Provision): 115.386(a)-1-2: According to the information provided on the Pre-audit questionnaire (PAQ), the Residential Cottages reported that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The facility provided an investigative file of a substantiated sexual abuse that warranted a sexual abuse incident review. Detailed within the DYRS Policy 2.13.IV.J.1.a-b.i-v, the facility will conduct a sexual abuse incident review within the 30 days of the investigation with the extension of 45 days. The purpose of the review is defined, and the list of positions required for the review. The purpose of the review is to consider whether the allegations or

	investigation indicated a need for the change policy, motivating factors, examination of the area of allegation, adequacy of staffing, and changes in monitoring technology. The agency utilizes the Sexual Abuse Incident Review of Substantiated or Unsubstantiated Investigations Form to collect information from the sexual abuse incident review meetings. There was a completed document in the investigative file that corroborated the practice of utilizing a sexual abuse review team. In the PAQ, there was a blank incident review form, as well as a completed document that listed the members of the review team. The list did not specify the investigator, but the auditor located the certificates of two of the individuals that were trained in the capacity of PREA investigators. All the other participants listed were in accordance with the representatives required by the PREA standards of medical/mental health, upper-level management, and line supervisors. It was corroborated with the superintendent, PREA compliance manager, and an incident review member that sexual abuse incident reviews are conducted, and the aforementioned listed positions participated in the sexual abuse incident review. Based on information verified by policy, documentation, and interviews, the Residential Cottages conducts sexual abuse incident reviews at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. The facility is substantially compliant with this provision, and no corrective action is required. 115.386(b)-1 Residential Cottages reported in the PAQ that ordinarily the facility conducts a sexual abuse incident review within 30 days of the conclusion of the criminal investigation or administrative sexual abuse investigation. Within the prior 12 months, there was one substantiated allegation of sexual abuse that warranted a sexual abuse incident review. Based on the information obtained from the sexual abuse incident review form, the incident occurred on 7/21/2025, and the investigation was completed on 7/24/2025. The sexual abuse review occurred on 8/26/2025. The incident review was conducted within a reasonable timeframe, but the document was not finalized with the signature of the facility superintendent until 11/4/2025, and it was absent the facility head comment on the final recommendation. According to DYRS Policy 2.13.IV.J.1.a., it states that the facility will conduct a sexual abuse incident review within 30 days of completion of the investigation or when directed the official investigation extends beyond 45 days. All extensions must be approved by the division director. There was no document provided in the PAQ for an extension for the sexual abuse incident review. The facility is not substantially compliant with this provision and corrective action is

required.

115.386(c)-1

Residential Cottages affirmed in the PAQ that the sexual abuse incident review team includes upper-level management Within DYRS PREA Policy 2.13.IV.J.1.d, listed the required participants which included upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The policy is in alignment with the requirements of the provision. The sexual abuse incident review document included the following participants:

- PREA Compliance Manager/Program Manager
- Registered Nurse
- Psychologist
- Family Crisis Therapist Supervisor
- Family Crisis Therapist
- PREA Investigator/Social Service Administrator

The list was further confirmed in interview with the facility superintendent.

The facility is substantially compliant with this provision, and no corrective action is required.

115.386(d)-1

The report of the sexual review team is documented on the Sexual Abuse Incident Review of Substantiated and Unsubstantiated Outcomes form. The form includes the following information:

- Reportable Incident Date
- Facility
- PREA Type: Resident on Staff or Resident on Resident
- Type of Sexual Violence
- Incident Description
- Substantiated or Unsubstantiated
- Review Team Members
- As a result of the allegation, is there a need for policy or practice change that would better prevent, detect, or respond to sexual abuse? If yes, what needs to be changed?
- Was the incident motivated by any of the below (check all that apply)
- Were there any physical barriers where the alleged incident occurred that would enable abuse? If yes, note under Recommendations
- What was the staffing level at the time of the incident? Was the staffing level adequate? If no, explain:
- Was monitoring technology adequate for that area? If it was not adequate, what is needed? (explain)
- Findings of Team
- Final Recommendation

- Facility Head Comments
- Facility Head Signature and Date

The completed form is to be copied to the Deputy Director, PREA coordinator, PREA compliance manager, and the management analyst- Office of the Director

The form contains all required information required by 115.386(d), which includes the consideration for policy or practice to better prevent, detect, or respond to sexual abuse.

The document considers if the allegation was motivated by race, ethnicity, gender identity, LGBQTI, status or perceived status, gang affiliation, or other group dynamics. The review team examines the area to assess if there are any physical barriers, and they assess the staffing levels. The team also reviews the monitoring equipment.

In accordance with DYRS Policy 2.13.IV.J.1.e, the team completes the report and submits it to the deputy director, PREA coordinator, PREA compliance manager, and the division management analyst.

During the interview with the superintendent, it was stated that information from the sexual abuse incident review gives the facility an opportunity to review policy and procedures and anything that required change. Additionally, the superintendent confirmed that all motivating factors listed in the PREA standards are considered.

The PREA compliance manager corroborated that there is consideration for motivating factors during the sexual abuse incident review. During the onsite PREA audit, there had only been one allegation of sexual abuse that warranted a sexual abuse incident review. The PREA compliance manager was unable to identify any trends.

The identified sexual abuse incident review member collaborated information provided regarding motivating factors was in alignment with the information obtained from both the superintendent and the PREA compliance manager.

The facility is substantially complaint with this provision, and no corrective action is required.

115.386(e)-1

In the PAQ, the Residential Cottages reported that the facility implements recommendations for improvement or documents its reasons for not doing so. In accordance with DYRS PREA Policy 2.13, Residential Cottages will complete a final report of findings from the sexual abuse incident review. Within DYRS Policy 2.13.IV.J.1.f, it states the facility shall implement the recommendations for improvement or shall document its reasons for not doing so, in the submitted form. Located on the Sexual Abuse Incident Review of Substantiated or Unsubstantiated Outcomes, there is a section on the form for the final recommendations and facility head comments.

Based on the information obtained from the sexual abuse incident review form, the recommendation section was completed, but the agency head signature did not occur until 11/4/2025 without the facility head comment on the final recommendation.

According to DYRS Policy 2.13.IV.J.1.a., it states that the facility will conduct a sexual abuse incident review within 30 days of completion of the investigation or when directed the official investigation extends beyond 45 days. All extensions must be approved by the division director. There was no document provided in the PAQ for an extension for the sexual abuse incident review.

The evidence shows that the Residential Cottages conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless unfounded verified by policy interview, and documentation. The sexual abuse incident team conducts the review utilizing the Sexual Abuse Incident Review of Substantiated and Unsubstantiated Outcomes to document the review. The form list variables to consider when reviewing allegations of sexual abuse, which were verified by policy, interview, and documentation. The facility's sexual abuse team includes all PREA mandated participants verified by policy, documentation, and interview. Lastly, the facility does not consider recommendations to implement or documents its reasons for not doing so verified by documentation. The facility head did not review the incident review until 11/4/2025, and there was no facility head comment pertaining to the recommendations.

Based on this analysis, the facility is not substantially compliant with this standard and there are corrective actions required.

Corrective Action:

1. The facility shall complete an administrative mock investigation of an allegation of substantiated sexual abuse. The facility will include complete investigative documentation, including the sexual abuse incident review documentation.

Verification of the Corrective Action since the onsite PREA audit:

In response to the corrective action, Residential Cottages submitted documentation via OAS on 5/18/2026, 6/2/2026, 6/3/2026, and 6/29/2026. The following documents were submitted:

- Mock Investigative File 4/28/2026 including Sexual Abuse Incident Review of Substantiated or Unsubstantiated Investigations 5/22/2026
- Mock Investigative File 4/30/2026 including Sexual Abuse Incident Review of Substantiated or Unsubstantiated Investigations 5/26/2026
- Investigative File 2/13/2026
- Investigative Files 3/26/2026 (a)
- Investigative File 3/26/2026 (b)

Corrective Action Intent:

The intent of this corrective action was to ensure that the Residential Cottages conduct sexual abuse incident reviews within 30 days of the conclusion of each investigation and that each review results in a final recommendation, including documentation of any actions taken to improve practice or a clear rationale when no improvements are deemed necessary.

The facility included both mock scenarios and actual investigative files to demonstrate compliance.

Based on the documentation reviewed including investigative files and mock grievance scenarios, the facility demonstrated its ability to conduct incident reviews within 30 days with final recommendation including notation. The auditor finds the facility substantially compliant with PREA Standard 115.386.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS Policy 2.13.IV.J.1-7 2. DYRS Policy 2.13 Attachment A 3. DYSR Policy 2.13 Attachment B 4. DYRS Policy 2.13 Attachment C 5. DYRS Policy 2.13 Attachment D 6. DYRS Policy 2.13 Attachment E 7. Residential Cottages PREA Tracking 2023-2025 8. PREA Aggregated Data both DYRS Operated and Contracted Facilities 9. Survey of Sexual Violence for 2024 10. Delaware Division of Youth Rehabilitative Services Prison Rape Elimination Act Annual Report 2025 11. Pre-Audit Questionnaire (PAQ) 12. DSCYF Operating Guidelines Effective 02/09/2026 Interviews:

1. Management Data Analyst
2. PREA Coordinator

Findings (by Provision):

115.387(a)-1:

Residential Cottages reported on the pre-audit questionnaire (PAQ) that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set definitions. DYRS Policy 2.13.IV.J.2-4 requires data collection utilizing a standardized instrument. Provided in the (PAQ) are the 6 attachments to DYRS Policy 2.13 that are forms used to collect the required sexual abuse and sexual harassment information.

- DYRS Policy 2.13 Attachment A- Sexual Incident Form
- DYRS Policy 2.13 Attachment B- Investigative Summary Template
- DYRS Policy 2.13 Attachment C- I. Substantiated Sexual Abuse or Sexual Harassment Incident Form: I. Victim Information; II. Perpetrator Information- Youth Perpetrator; III. Perpetrator Information- Adult Perpetrator
- DYRS Policy 2.13 Attachment D- Notification of Investigation
- DYRS Policy 2.13 Attachment E- Sexual Abuse Incident Review of Substantiated or Unsubstantiated Investigations

There was one allegation of sexual abuse and four allegations of sexual harassment at the Residential Cottages. The auditor reviewed the investigative file and found that all the required forms were completed for the substantiated allegation of sexual abuse.

The agency is substantially compliant with this provision, and no corrective action is required.

115.387(b)

According to DYRS PREA Policy 2.13.IV.J.7-8, the management analyst will provide a quarterly report to the deputy director to ensure outcome information is accurate and current. Further in the policy, an annual report shall be made available to the public. Additionally, the facility aggregates the incident-based sexual abuse data in preparation for the submission of the Survey of Sexual Violence conducted by the U.S. Department of Justice. The auditor was provided with the investigative files in the PAQ that contained the information that is utilized to aggregate the incident-based sexual abuse data. Review of the website provided insight into the agency’s practice of annual aggregating incident-based sexual abuse data. Provided in the PAQ and the agency’s website was the Survey of Sexual Violence 2024 and the 2025 PREA Annual Report along with prior years reports.

The agency is substantially compliant with this provision, and no corrective action is required.

	115.387(c)-1 According to the information provided on the PAQ, the standardized instrument includes, at the minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the U.S. Department of Justice. The auditor determined that the 6 attachments to the DYRS PREA Policy 2.13 are in alignment with the information necessary to complete the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency is substantially compliant with this provision, and no corrective action is required. 115.387(d) Reported on the PAQ, the agency affirms the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Within DYRS Policy 2.13.IV.J.5-9 it states that the administrators are responsible for providing the internal investigation outcome for data collection. The Professional Standards Unit will be responsible for reporting Institutional Abuse and/or criminal investigation outcomes for data collection. All PREA data shall be securely stored by the management analyst using a double-lock system for archived hard copies as well as a secure electronic storage system. There is limited access to the drive that contains sexual abuse and sexual harassment investigative files. Comparison of the Residential Cottages PREA Tracking, it was determined that the agency maintains incident-based documents, reports, investigative files, sexual abuse incident reviews and grievances. The agency is substantially compliant with this provision, and no corrective action is required. 115.387(e)-1 In the PAQ, it was indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of residents. Cited in the DSCYF Operating Guidelines 02/09/2026 V.D, service providers are required to adopt and comply with all applicable PREA standards and any DSCYF policies or standards related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within DSCYF contracted or subcontracted Facilities/Programs/Offices. Additionally, the guidelines outline the requirement for PREA audits. On the DYRS PREA Annual Report 2025, there is a section that provides the aggregated sexual abuse data collected and reported by the agency. The data reported by the contracted private facilities complies with the Survey of Sexual Violence report. The agency is substantially compliant with this provision, and no corrective action is required.

115.387(f)

Located on the agency's website is a copy of the report Survey of Sexual Violence for 2024. The report was submitted prior to June 30, 2025, by DYRS. The PREA coordinator confirmed that the report was submitted to the U.S. Department of Justice.

The agency is substantially compliant with this provision, and no corrective action is required.

The evidence shows that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under direct control and DYRS contracts for confinement of its residents. The agency utilizes standardized instruments to collect data. The agency has demonstrated it annually aggregates the incidence based sexual abuse data. The data contains the minimum of the information to complete the Survey of Sexual Violence. The agency collects information from incident-based documents, reports, investigation files, grievances, and sexual abuse incident reviews. The agency collects information from facilities that contract with DYRS for the placement of residents.

Based upon this analysis, the agency is substantially compliant with this standard and no corrective action is required.

115.388	Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. DYRS Policy 2.13.IV.J.8
2. https://kids.delaware.gov/yrs/prea-reports.shtml
3. DYRS Annual Report CY-2023 Delaware Division of Youth Rehabilitative Services Prison Rape Elimination Act 2023
4. Pre-Audit Questionnaire (PAQ)

Interviews:

1. Director
2. PREA Coordinator

Findings (by Provision):

115.388(a):

According to DYRS Policy 2.13.IV.J.8, an annual report shall be readily available to

	the public through the agency's website. All information must receive prior approval by the Division Director before website posting and will be redacted of personal identifiers before website posting. The annual report shall include the following: • Any findings and corrective actions for all allegations identified by facility. • A comparison of the current year's data and corrective actions with those from prior years. • An assessment of the Division's progress in addressing sexual abuse. • The Division may redact specific material from reports when a publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Research of the agency's website the auditor located the Delaware Division of Youth Rehabilitative Services Prison Rape Elimination Act 2025 Annual Report. Provided in the report was a comparison of the prior year's sexual abuse data as well as the corrective actions with those of prior years. The agency head remarked that data collected is reviewed on a quarterly basis, and the information obtained produces ideas for training and updates to policies. Over the last several months, there have been updates made to PREA policy 2.13. The PREA coordinator confirmed the agency's practice of reviewing data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. Both data and documents related to PREA are maintained with the management analyst under a 2-lock system for hard copy, and electronic safeguards are in place for secured information. It was also established that the agency's annual report was generated and placed on the agency's website for 2025. Based on the analysis, the agency substantially meets compliance with this provision. 115.388(b) According to the information provided on the Pre-audit questionnaire (PAQ), the agency reported that the annual report includes a comparison of the current year's data and corrective actions with those of prior years and it provides an assessment of the agency's progress in addressing sexual abuse. The DYRS Annual Report CY-2025 summarizes and compares the aggregated information of sexual harassment and sexual abuse received from both DYRS operated facilities and contracted facilities. Lastly, included in the report is the data analysis which details corrective actions. The corrective action included educating of youth, training of staff, modify operating policies and procedures, as well as making upgrades to facilities to support the prevention, detection, reporting, and investigation of all forms of sexual abuse and sexual harassment. Based on the analysis, the agency substantially meets compliance with this provision.

	115.388(c) The DYRS Annual Report CY-2025 can be located on the agency's website https://kids.delaware.gov/yrs/prea-reports.shtml, and the report is signed by the director of DYRS. During the interview, the director of DYRS confirmed that the annual report was approved by the agency head prior to publishing on the website. Based on the analysis, the agency substantially meets compliance with this provision. 115.388(d)-1-2 There were no redactions in the DYRS Annual Report CY-2025. The PREA coordinator stated that redactions would include personal information. The auditor determined that the report contained analysis of incident-based and aggregated information, and there was no personal information disclosed. Based on the analysis, the agency substantially meets compliance with this provision. Review of the annual report, the agency policy, and interviews the auditor has determined that the agency reviews collected data and aggregated information to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. This information is developed into a report titled the DYRS Annual Report CY-2025. The report is approved by the director and made public annually on the agency website. Personal identifiers are redacted in the annual report. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS Policy 2.13.IV.J.9-10 2. DYRS Policy 2.13.IV.J.8 3. The DYRS Annual Report CY-2025 4. DSCYF/DYRS Electronic Double-Lock System per PREA Standard 115.389a

5. Pictures of Management analyst's Office-Double Lock System
6. https://kids.delaware.gov/yrs/prea-reports.shtml

Interviews:

1. Management analyst
2. PREA coordinator

Findings (by provision):

115.389(a)

Cited within DYRS Policy 2.13.IV.J.9-10, All PREA data shall be securely stored by the management analyst using a double-lock system. It was further confirmed by the management analyst that incident-based and aggregated data is secured in a double-lock system both in office and electronically. DYRS has a double-lock electronic method of maintaining all incident-based and aggregate data, which includes incoming sexual abuse and sexual harassment investigative files. Auditor has reviewed pictures of the storage area, as well as completed a site review of the administrative offices of DYRS in previous audits.

According to the information provided on the DSCYF/DYRS Electronic Double Lock System Information Sheet, electronic access of incident-based and aggregate data is limited to the agency PREA coordinator and the management analyst. All remaining investigative files are archived in the upgraded keyless lock system.

In the case of PREA risk assessments, all files are maintained with the mental health department, and they are maintained electronically in FOCUS, the agency's database. Information is obtained through role-based access. The double-lock system is in the agency administrative office. The auditor site reviewed the location of these files during the PREA audit of Ferris School. Documents were secured in a double-lock system, which included the upgraded keyless locked file cabinet.

Based on the analysis, the agency substantially meets compliance with this provision.

115.389(b)

The agency reported on the PAQ that the agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. DYRS Policy 2.13.IV.J.8 mandates, "An annual report shall be made readily available to the public through the agency website. All information must receive prior approval by the Division Director and will be redacted of personal identifiers before website posting." The DYRS Annual Report CY-2025 is located on the DYRS website https://kids.delaware.gov/yrs/prea-reports.shtml. This report contains incident-based and aggregate data for both the DYRS operated and contracted facilities.

	Based on the analysis, the agency substantially meets compliance with this provision. 115.389(c) DYRS Policy 2.13.IV.J.8.d states, “The division may redact specific material from the reports when a publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.” Interview with the PREA coordinator confirmed the practice of redacting personal identifiers in the DYRS Annual Report. During the auditor’s review of the DYRS Annual Report CY-2025, there were no personal identifiers located. Information contained in report was statistical information without narrative or specifics of allegations of sexual abuse or sexual harassment incidents. Based on the analysis, the agency substantially meets compliance with this provision. 115.389(d) DYRS Policy 2.13.IV.J.10 requires, “PREA data shall be retained for no less than 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise. During the onsite review, the auditor located incident-based and aggregated data that was beyond 10 years in the double-lock system in the management analyst’s office. It is evident that the agency practices maintaining PREA required incident-based and aggregate data. During the previous Ferris School’s site review of the management analyst office, there were incident-based and aggregate data that spanned beyond 10 years. Based on the analysis, the agency substantially meets compliance with this provision. The agency has demonstrated the secure storage of incident-based and aggregated data through policy and site review. On the agency website, the agency publicly makes available aggregated data. The agency redacts information. Policy requires the retention of documents related to incident-based and aggregated data. Based upon this analysis, the agency is substantially compliant with this standard and no corrective action is required.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Residential Cottages Final Report August 8, 2023
2. Ferris School Final Report July 18, 2024
3. New Castle County Juvenile Detention Center Final Report July 18, 2024
4. Stevenson House Detention Center Final Report March 20, 2025
5. Facility Files including Resident, Staff, Grievances, Shift Summaries, and PREA Investigations
6. Pre-Audit Questionnaire (PAQ)
7. OAS Supplemental Files

Onsite Review:

1. Residential Cottages
2. Agency Website:https://kids.delaware.gov/yrs/prea-reports.shtml

115.401(a-m):

All four of the division operated facilities final PREA reports were located on the DYRS agency website. The mandated reports are located at https://kids.delaware.gov/yrs/prea-reports.shtml. Contained on the website are the past four audit cycles of PREA final reports for all four agency operated facilities.

Information provided on the DYRS website https://kids.delaware.gov/yrs/prea-reports.shtml, provides evidence of all four division operated facilities PREA final reports being published for public review. The information on the website demonstrates the agency’s adherence to the annual PREA audit of at least one-third of each facility type operated by the agency.

The Residential Cottages granted auditor full access to all areas of the facility. Additionally, the auditor was able to interview both scheduled and random interviews of staff and residents as well as observe daily operations and camera footage. During pre-onsite preparation, the auditor was provided with rosters, logs, shift summaries, and staff/resident files. Both PREA coordinator and PREA compliance manager completed the pre-audit questionnaire (PAQ) and uploaded to the OAS supplemental file, all documents requested by auditor via the issue log.

Based on this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Residential Cottages Final Report August 8, 2023 2. Ferris School Final Report July 18, 2024 3. New Castle County Juvenile Detention Center Final Report July 18, 2024 4. Stevenson House Detention Center Final Report March 20, 2025 Site Review: 1. DSCYF agency's website https://kids.delaware.gov/yrs/prea-reports.shtml Findings (by Provision): 115.403(f): Located on the DSCYF agency's website https://kids.delaware.gov/yrs/prea-reports.shtml are all past and present division operated facilities final PREA reports since 2015. The PREA final reports published include all cycles and years for the following facilities: **Operating Facilities** Ferris School New Castle County Detention Center Residential Cottages Stevenson House Detention Center **No Longer Operational** Peoples Place Chris Stumfels Youth Center The evidence shows that since 2015 DYRS has archived both past and present PREA final reports for division operated facilities on the agency's website https://kids.delaware.gov/yrs/prea-reports.shtml. Based upon this analysis, the agency substantially exceeds compliance with this standard and no corrective action is required.

Appendix: Provision Findings		
115.311 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	**Contracting with other entities for the confinement of residents**	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	**Contracting with other entities for the confinement of residents**	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	**Supervision and monitoring**	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	**Supervision and monitoring**	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	**Supervision and monitoring**	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no
115.313 (d)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	**Supervision and monitoring**	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	na
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	na
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	na

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.315 (f)	**Limits to cross-gender viewing and searches**	

	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.316 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
115.317 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	**Hiring and promotion decisions**	

	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based	yes

	on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.321 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory	yes

	interviews?	
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322	**Policies to ensure referrals of allegations for investigations**	

(c)		
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	**Employee training**	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	no
115.331 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	**Resident education**	
	During intake, do residents receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	**Resident education**	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	**Resident education**	

	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	**Resident education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334	**Specialized training: Investigations**	

(b)		
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341	**Obtaining information from residents**	

(a)		
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	**Obtaining information from residents**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	**Obtaining information from residents**	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Physical disabilities?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	**Obtaining information from residents**	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	**Obtaining information from residents**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	**Placement of residents**	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	**Placement of residents**	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (d)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342	**Placement of residents**	

(f)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (h)	**Placement of residents**	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	**Placement of residents**	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	**Resident reporting**	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no
115.351 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	**Resident reporting**	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.352 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does	yes

	the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.353 (a)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	**Resident access to outside confidential support services and legal representation**	

	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	**Resident access to outside confidential support services and legal representation**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes

	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	**Staff and agency reporting duties**	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	**Staff and agency reporting duties**	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	**Staff and agency reporting duties**	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare	na

	system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	**Reporting to other confinement facilities**	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.367 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect a resident who	yes

	is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	
115.371 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	**Criminal and administrative agency investigations**	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal	yes

	prosecution?	
115.371 (f)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	**Criminal and administrative agency investigations**	

	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	**Reporting to residents**	
	Following an investigation into a resident’s allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	**Reporting to residents**	
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?	yes

	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual	yes

	harassment policies?	
115.376 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility	yes

	take appropriate remedial measures, and consider whether to prohibit further contact with residents?	
115.378 (a)	**Interventions and disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	**Interventions and disciplinary sanctions for residents**	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	**Interventions and disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	**Interventions and disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations	yes

	for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	**Interventions and disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	**Interventions and disciplinary sanctions for residents**	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	**Interventions and disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	**Medical and mental health screenings; history of sexual abuse**	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382	**Access to emergency medical and mental health services**	

(d)		
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	

	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	yes

	the confinement of its residents.)	
115.387 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.388 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes