PREA Facility Audit Report: Final

Name of Facility: Ferris School for Boys
Facility Type: Juvenile
Date Interim Report Submitted: NA
Date Final Report Submitted: 08/10/2021

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:** 08/10/2021

AUDITOR INFORMATION	
Auditor name:	Hardy-Kesler, Tammy
Email:	codyemomma@msn.com
Start Date of On-Site Audit:	04/05/2021
End Date of On-Site Audit:	04/08/2021

FACILITY INFORMATION	
Facility name:	Ferris School for Boys
Facility physical address:	959 Centre Road, Building 5, Wilmington, Delaware - 19805
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Joshua Fields
Email Address:	Joshua.Fields@delaware.gov
Telephone Number:	(302) 354-5998

Superintendent/Director/Administrator	
Name:	Tanya Banks
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Facility PREA Compliance Manager	
Name:	Joshua Fields
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Facility Health Service Administrator On-Site	
Name:	Sarah Ciano
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Facility Characteristics	
Designed facility capacity:	72
Current population of facility:	19
Average daily population for the past 12 months:	18
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	13-18
Facility security levels/resident custody levels:	Level 5
Number of staff currently employed at the facility who may have contact with residents:	88
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	11
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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:	302-633-2620

Agency Chief Executive Officer Information:	
Name:	John Stevenson
Email Address:	John.Stevenson@delaware.gov
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Agency-Wide PREA Coordinator Information			
Name:	Danielle Stevenson	**Email Address:**	danielle.stevenson@delaware.gov

AUDIT FINDINGS

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

Ferris School for Boys Audit Narrative

The Prison Rape Elimination Act onsite audit was conducted at the Ferris School for Boys Located in Wilmington, Delaware on April 5-8, 2021. The audit was completed by the audit team of TAHK Consultants led by Tammy A. Hardy-Kesler a U.S. Department of Justice juvenile auditor and Kimberly Napier a U.S. Department of Justice adult auditor. The Ferris School for Boys is in the jurisdiction of Delaware State's child welfare agency, the Delaware Department of Services for Children, Youth, and Their Families (DSCYF). Operations of the Ferris School for Boys is maintained by the Division of Youth and Rehabilitative Services (DYRS). Contract procurement for the PREA audit was executed and finalized on 05/04/20. The previous onsite PREA audit was completed 06/24/19 – 6/26/19. The designated PREA auditor was Tammy A. Hardy-Kesler of TAHK Consultants. The final PREA Report was signed on 08/10/19 which certified that the facility was in full compliance of all PREA standards.

Within the prior 12 months of the PREA audit, there were barriers which impacted the auditors, DSCYF, DYRS, and the Ferris School for Boys. There were unprecedented barriers caused by the Covid-19 Pandemic that required the Ferris School for Boys to relocate youth from 06/12/20 to 07/07/20. There were 12 youth relocated out of the facility, and there were 12 youth returned to the facility. During the pre-onsite phase, there were several mandates and travel advisories imposed by the lead auditor's home state of New Jersey. Additionally, to decrease the spread of Covid-19, DYRS along with other juvenile youth facilities across the country implemented visitation restrictions.

Pre-Onsite Audit Phase

From previous experience with other DYRS PREA audits, the prior PREA coordinator and the lead auditor agreed in utilizing the Online Audit System (OAS) for all of DYRS audits. The newly hired PREA coordinator became quickly familiar with the capabilities of the online auditing system. The PREA coordinator became acquainted with the system's ability to maintain and share secured information between all parties. The auditor was granted access to the pre-audit questionnaire (PAQ) on 02/25/21.

The final set of onsite audit dates were established on 10/12/20. The auditor provided a table with due dates for onsite audit (04/05/21 - 04/08/21), posting of audit notice in the facility (02/08/21), and the date for interim/final report (04/23/21). Time stamped photos with locations of audit postings a reflected posting of 02/08/21 which was 8 weeks prior to the onsite audit. Auditors were provided time stamped photographs of audit postings uploaded to the OAS in the supplemental files.

Further, logistical information was discussed on 10/12/20 with the prior PREA coordinator. Communication by email and telephone included locations of opening and closing meeting, interview locations, onsite review of facility, document review, and documents needed dissemination dates. On 11/02/20, the prior PREA coordinator was provided audit postings for all DYRS facilities undergoing audit. The postings were provided in both English and Spanish with instruction for posting and documentation necessary to confirm posting of audit notice.

On 03/11/21, the PREA coordinator was provided the documents requested which were to be submitted via the supplemental file on the OAS. All items were provided according to the instruction of the auditors. There were items needed prior to the onsite audit that were not in the submitted PAQ. Items were provided as instructed during the first day of onsite audit. The following items were requested by auditor.

- List of staff
- List of youths
- List of contractors and volunteers with contact information
- List of youths receiving special education services.
- List of identified youths that represented targeted groups.
- Training rosters for youths, staff, volunteers, and contractors
- Clarification to policies and procedures
- List and documents of allegations of sexual abuse and sexual harassment
- Dates of criminal background checks and child abuse registry inquiry of staff, volunteers, and contractors
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On 04/05/21, the auditors received communication form Just Detention International which indicated that there were no cases of sexual harassment or sexual abuse reported for the Ferris School for Boys.

The audit method utilized was practice based, and it adhered to requirements outlined by the revised Auditors Handbook Version 2.0 March 2021. The auditors utilized observation of practice, random document review of youth and staff files, investigation files, review of

policies and procedures, and interviews of specialized staff, volunteers, contractors, random staff, random youths, and targeted youth.

On 12/13/20, both auditors reviewed the DYRS website. The site included the following:

- Federal PREA statutes and policy links
- DYRS PREA Policy link
- Agency PREA contacts
- National PREA resource links
- Statewide victim advocate contact information along with 24-hour confidential voice mail
- Survey of Sexual Victimization (SSV) Reports from 2008 until 2019
- Final PREA Reports for the DYRS operated facilities.
- DYRS PREA Annual Reports from 2012 to 2019.

To establish the availability of SANE/SAFE examiners, on 04/08/21 the auditors contacted and interviewed both Christiana Care Hospital and Nemours/Alfred I. Dupont Hospital. It was found that SANE/SAFE examiners are available 24-hours at Christiana Care Hospital, and Nemours/Alfred I. Dupont Hospital does not have 24-hour availability. SANE/SAFE are available on call outside of scheduled hours.

After the onsite audit, a teleconference interview with the external investigative body, Delaware State Police was scheduled for 05/12/21.

The auditors completed an internal system check on 04/06/21 and external system check on 05/15/21 of the Child Abuse Hotline. During the onsite review, the auditors could not reach the child abuse hotline with the existing information provided on the telephones. Eventually, the auditors used the previously utilized credentials to contact the child abuse hotline. The PREA compliance manager immediately began rectifying the issue. During the external review of the Child Abuse Hotline system, the auditor spoke with an operator.

During the eight weeks prior to the onsite audit and four weeks after the onsite audit, the auditor checked the post office box for youths, staff, or third-party correspondence regarding PREA related incidents or noncompliance at the Ferris School for Boys. The postal box was checked on 2/22, 3/3, 3/10, 3/17, 3/29, 4/1, 4/19, 4/26, 5/3, and 05/13/21. All dates netted no correspondence from youths, staff, nor third-party of reports of incidents or noncompliance of the PREA standards at the facility.

Onsite Audit

The onsite audit for the Ferris School for Boys was scheduled for 04/05/21 to 04/08/21. The auditors arrived on 04/05/21 at 8:30 a.m. Upon entering the facility, the auditors observed there was a copy of the audit posting on white paper. The auditors were required to sign into visitor's log. Due to the Covid-19 Pandemic and Delaware State mandates, the auditors were required to have a mask. Additionally, the screening process included temperature checks and completion of a verbal Covid-19 questionnaire.

The auditors were accommodated in a conference/training room in the administration wing of the facility. The conference room was utilized by the auditors as a base for the entire four days of the onsite audit. It was large enough that it provided well over nine feet of spacing between the auditors and the interviewees. Also, the room was conducive for conducting confidential interviews of specialized and random staff. The opening meeting was held within the facility in the Carp Center. There was an opening meeting at 9:00 a.m. on 04/05/21 with the Deputy Director, PREA coordinator, and the PREA compliance manager, superintendent, investigator, operations support specialist, YRC supervisors, assistant superintendent, program manager, treatment specialist, management analyst, psychologist, and recreation specialist supervisor. During the meeting, there were introductions and a discussion of the audit process.

The auditors conducted interviews of agency leadership, administration, specialized staff, random staff, random youths, targeted youth, volunteers, and contractors. The protocols utilized were from the U.S. Department of Justice Bureau of Justice Assistance and additional questions.

There were several locations provided to conduct interviews. The auditors interviewed random staff and specialized staff in the administration conference room. Youths were interviewed in the conference room utilized for confidential in person and virtual meetings with attorneys. All interview areas used for interviewing were conducive to conducting confidential interviews. There were specialized staff that were interviewed via teleconference. During the interview with the data management analyst, there was a site visit of the staff's office which housed the sexual abuse and sexual harassment files. The auditors viewed the secured location, and the files were found to be in the office secured in a 2-lock system.

In advance, the PREA coordinator scheduled meetings with all agency-wide staff during the first day of onsite audit. Due to the Covid-19 Pandemic, agency-wide staff work a remote schedule. During a prior onsite audit in December 2020 of the Youth Residential Cottages, the data management analyst provided an overview of the database, FOCUS. The database, FOCUS, allows for access based on the level of clearance for a particular employment title. At a later date, the auditors were provided a tutorial of the database by the FOCUS Liaison for DSCYF.

There were instances in which the telephone was relied upon to complete interviews of specialized staff. The following agency-wide staff were interviewed:

- Director / agency head

- Statewide juvenile PREA coordinator
- Agency contract administrator for Contracted Youth Residential Providers
- Institutional abuse investigator
- Hotline regional administrator
- Data management analyst
- Human resource manager
- Mental health supervisor
- Criminal Background Unit
- Medical supervisor
- Medical
- Superintendent
- Training director
- Contract administrator

During the first day of onsite audit, the PREA compliance manager provided the auditors the following documents:

- Youth population list which included housing, date of entry, and demographics
- Staff roster including demographics and title
- Roster of employees that were hired within the last 12 months
- Ferris School for Boys schedules
- Training Rosters for Staff
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During the remainder of the onsite audit, the auditors were provided the following documents:

- Staff Files
- Medical Files
- Mental Health Files
- All grievances
- Copy of Requested Footage
- PREA risk assessments and recommendations
- Copies of the allegations of sexual harassment and sexual abuse
- Curriculum of youth PREA training
- List of youth residing over six months in the last 12 months.
- Youth daily schedule
- Updated staff training rosters

On the second day of onsite audit, the auditors arrived at 6:00 a.m. The auditors completed sign-in process and completed the Covid-19 screening process. The early arrival allowed for the auditors to interview four random staff from the overnight shift. Additionally, the following staff were interviewed:

- PREA compliance manager
- Assistant superintendent
- Facility investigative staff

The auditors completed a site review of the entire facility. Audit postings were located at the entryway of the facility, housing clusters and units, education areas, common areas, and the suite offering medical, dental, and mental health services. Postings were on white paper, and there were limited postings in inconspicuous areas. There were postings located in the common areas, and intake area. Also, there were other PREA related posters throughout the building. Areas that were reviewed included:

- North and South Housing Clusters including all housing units
- Food Service
- Maintenance
- Library
- Education
- Carp Center
- Main Outside Recreation-Football and Lacrosse Fields
- Central Control
- Gymnasium
- Medical, Dental, and Mental Health Suite
- Intake

During the site review of the northern and southern housing clusters, the auditors found that both housing clusters were architecturally identical. Both housing clusters contained three housing units. The housing clusters were comprised of three levels a lower, main, and upper level. Each level containing a housing unit. The housing units were identified by a letter. The southern housing unit contained A, B, and C. The northern housing cluster contains D, E, and F. During the onsite review, there were only three housing units being utilized. Those units were A, B, and D. Centralized in the housing clusters were the main activity areas which housed offices, quiet room, and laundry area. The housing units were identical. All housing units had the capacity to house 12 youth. There were two bathrooms on each unit. The bathrooms were comprised of a shower and toilet combination. For youth to enter, staff had to provide access, and youth had the ability to exit. Youth were to undress and dress while in bathroom. During interviews with random youth, the practice of dressing and undressing in the bathroom was further corroborated.

On each housing unit, there were two telephones available to youth. The auditors were unable to contact the Child Abuse Hotline with the credentials provided on the telephones. It was determined by the auditors and the PREA compliance manager that the previous credentials assigned to the telephones would allow for youth to contact the Child Abuse Hotline. The PREA compliance manager made necessary changes on the telephones so that youth could contact the Child Abuse Hotline. Not all telephones were operable, but each housing unit had at least one telephone that was operable. The youths would not have difficulty contacting the Child Abuse Hotline to report sexual harassment and sexual abuse. The auditor performed an internal system check of the telephone system. Once the child abuse hotline was contacted, the lead auditor asked for the dispatcher to have a supervisor contact the auditor. The supervisor did contact the auditor by telephone and text message within several minutes of the call. The housing units had minimal PREA related posters, and there was no victim advocacy number or information available on the housing units. There are cameras in the housing areas, but youth can not be viewed in rooms or in the bathroom by the cameras. This was further confirmed during the central control site review of cameras.

During the onsite review of the facility, the auditors found two units used for isolation. Those housing units were housing unit E and housing unit B.

Food Service

Youths are provided meals in the cafeteria or outside on the patio. In both areas direct supervision is provided. The cafeteria has cameras, but the patio does not have cameras. When staffing allows, there is a student work detail in the kitchen. Behind the food serving line is a commercial kitchen. Staff dining area is available in the administration wing of the facility. Meals are also prepared for the Residential Cottages from this kitchen.

Maintenance

The maintenance area can only be accessed by staff utilizing swipe and key access. There is designated staff that provides maintenance to the facility. There is no work detail in the maintenance department.

Library/Education

The education wing has an education suite that is comprised of offices and workstations, classrooms, music studio, and a library. During the onsite audit, the facility's school program was on spring break. During interviews with staff and youth, it was determined that education was hybrid due to the Covid-19 pandemic. Youth were scheduled for in-person and virtual instruction. There are several classrooms where education is provided. Each classroom has a Smartboard to supplement instruction. Educational staff was interviewed during the post onsite review.

Medical, Dental, and Mental Health Suite

The facility has a suite that provides medical, dental, and mental health services. The medical and dental services are also provided to the other facilities on the DSCYF campus. Any forensic examinations would be completed by a SANE/SAFE offsite at the A.I. Nemours Dupont Hospital or Christiana Care Hospital.

Gymnasium/ Outdoor Recreation Area

The facility features a large gymnasium which houses a weight room and locker room area. Outside of the gymnasium is the large outdoor recreation area. The facility has a large football field which prior to Covid-19 hosted lacrosse and football games. When youth are outdoors, there is direct supervision, limited camera footage, and a run vehicle outside of the gated perimeter.

Intake

During the last day of the audit, the auditors observed the intake process. The youth was given an orientation on PREA, and the youth watched a PREA related video. Available on the intake desk was the Ferris School Youth Safety Guide. The auditors reviewed the unclothed search log. The intake area was comprised of a large processing area with a shower, holding cell, and desk area. Youth that come to the facility for medical or dental attention are held in the holding cell temporarily until movement presents.

Administrative Office/ Central Control

The administrative wing is located outside of the secured area of the facility. A swipe card is necessary to access the area. There are administrative offices and the staff dining room and locker room.

Central Control

Central Control is housed at the entrance way of the facility within close proximity of the administrative offices. Outside of central control, there was a staff member posted at the front desk. The staff member screened for Covid-19 and completed security check of individuals entering building and secured area. The staff member posted in central control monitored all movement within facility and provided access to areas within secured facility. Additionally, the staff is responsible for notifying in the case of an elopement. Since the last PREA audit at the facility, the agency added a siren system to notify the community of an elopement on the DSCYF Campus.

Grievance Box

Location of youth grievance box was shown to the auditors. Grievance box was maintained in the main corridor which is centralized between the two housing clusters. It was shared that the box was checked daily, and there was a backup in the case of an absence. The facility provided copies of all grievances. The PREA compliance manager explained that there were two different types of grievances. The one on white paper was utilized for grievances that went through an administrative process, but the grievance forms on green paper was especially for PREA related incidents of sexual harassment or sexual abuse. For both grievances, the youth can place the form in the grievance box, but the emergency PREA grievance could be given to a staff member. Once an emergency PREA grievance is received it is taken out of the normal grievance process. It is immediately handled in accordance to DYRS PREA Policy 2.13.

During the onsite audit, the lead auditor had informal conversations with youths in population, a youth on administrative intervention, and staff. Conversations with youths gleaned that they felt safe from sexual harassment and sexual abuse. They also disclosed that they had received PREA training during intake and a few days after entering the facility. It was also communicated under the circumstances of Covid-19 that they felt there was adequate time and opportunity to communicate by telephone or virtually with family members, attorneys, and outside agencies. During informal conversations with staff, the auditor determined that they understood their responsibility in preventing, detecting, and responding to sexual abuse and sexual harassment.

On the third day of the onsite audit, the auditors interviewed staff and youth. The auditors adhered to the protocols of the facility by signing in and completing the Covid-19 screening process. The following interviews were conducted:

- Volunteer/contract coordinator
- Mental health personnel
- Maintenance
- Facility PREA investigator
- Incident review team member
- Retaliation monitor Post onsite 5/12/2021
- Grievance coordinator
- Random staff
- Mailroom/grievance staff
- Intake staff
- Random youth
- Targeted youth

During the fourth day of the onsite, the auditors completed all required interviews and file reviews. The following interviews were conducted:

- Random youth
- Target youth
- Food service supervisor
- Disciplinary staff
- Incident review staff
- SANE/SAFE A. I. Nemours Dupont Hospital
- SANE/SAFE Christiana Care Hospital

The following files were reviewed onsite:

- Youth medical files
- Youth mental health files
- Youth intake files
- Volunteer/Contractor files
- Employee files

The closing meeting for the onsite portion of the audit was completed at 3:30 p.m. on 04/08/21. The meeting participants were present in person and virtually. The virtual platform that was utilized was Webex Meet. The meeting was scheduled by the PREA coordinator. In attendance were the auditors, PREA coordinator, PREA compliance manager, facility superintendent, volunteer/contract coordinator,

administrative assistant, and three other employees of DYRS. The lead auditor conveyed that all youths interviewed stated that they felt safe from sexual harassment and sexual abuse. It was also communicated that staff interviewed understood their responsibility, as well as how to report sexual harassment and sexual abuse. Additionally, it was communicated that the staff was proficient in listing their responsibilities as first responders to an incident of sexual harassment and sexual abuse. Lead auditor requested that the audit posting remain up an additional three weeks. The auditors, thank the Ferris School for Boys for the dedication to sexual safety in confinement.

Post Onsite

Additional interviews were conducted in person, virtually, and by telephone after the onsite audit.

- Four volunteers
- Contractor
- Delaware State Police Troop #2
- Retaliation staff
- SOARS Executive Director
- Transitional specialist
- Principal

The data analyst provided documentation of all the sexual abuse and sexual harassment allegations at the Ferris School for Boys. According to the PAQ provided by the facility, there were no sexual harassment or sexual abuse allegations reported within the last 12 months. In order to determine the facilities compliance in the investigations of allegations of sexual abuse and sexual harassment, the auditor requested copies of sexual abuse and sexual harassment allegations dating back to the prior PREA audit.

At the time of the onsite audit, the auditors were able to determine that there were no allegations in progress according to IA, the PREA facility investigator, and the data analyst. On 05/12/21, it was further confirmed by the Delaware State Police there were no criminal cases of sexual abuse or sexual harassment in progress from the Ferris School for Boys. Since the last PREA audit, there has been three allegations of sexual abuse and sexual harassment. Of the three allegations of sexual abuse and sexual harassment, there was one allegation of staff on youth and two allegations of youth on youth. In the allegation of staff on youth, the auditor was not able to determine if the allegation was a case of sexual abuse or sexual harassment. There was a notification form generated documenting that the allegation was unfounded. In the two allegations of youth on youth, the auditor was able to determine that the allegations were both of sexual harassments. The auditor was unable to determine the finding of the two allegations of sexual harassment. There was no evidence of contact to the Child Abuse Hotline or Institutional Abuse. There was no notification form documented or provided to either the alleged victim or alleged perpetrator. The auditor was unable to determine the PREA investigators conducting investigations.

Available in the PAQ, the facility provided a copy of the contract for interpretation/language services through the Government Support Services Office of Management and Budget. Provided with the contract was a list of service providers. The auditor selected a sign language services provider and a translation/interpretation provider for interview. The providers explained the process in which the Ferris School for Boys would obtain services either virtually or onsite for sign language and translation/interpretation. There were no youth or families in need of any of the sign language or translation/interpretation services.

After the onsite audit, there was a Zoom interview scheduled on 04/09/21 with Survivors of Abuse in Recovery (SOAR). It is a statewide recovery program which provides counseling, referral, and education services to adult, adolescent and child survivors of sexual abuse and assault. It was found that there is existing memorandum of understanding between Ferris School for Boys and SOAR. The auditors were informed that there has been no request for services from the facility since the last PREA audit.

On 05/10/21, there was an in-depth search of the internet for information pertaining to the Ferris School for Boys. During the internet search of the Ferris School for Boys, the auditors were not able to locate any litigation specific to the facility neither was there any U.S. Department of Justice involvement cited on the internet. There was no information located regarding allegations of sexual abuse or sexual harassment at the facility. There were news articles and press clippings referencing an incident on 04/21/21 of significant damage to the facility by three youth. The incident required the assistance of the Delaware State Police (DSP). The estimated cost of damage was $4000. The auditor was able to further confirm incident by interview.

On 04/09/21, SOARS met with the auditors via Zoom. It was shared that they were a victim advocacy agency. There was an established memorandum of understanding which outlined the services that were available to youths of the Ferris School for Boys. The agency is not a reporting agency, but if there was an instance in which an incident of sexual abuse or sexual harassment occurred to a juvenile, the agency is mandated to report to the Child Abuse Hotline.

Auditors reviewed interviews that were completed during all phases of the audit. In total there were 80 interviews conducted, and there were 58 interviews required by the Auditors Handbook. There were 47 specialized staff interviewed, and there were 12 random staff, 21 random youths, and 11 targeted youth interviewed. There were several staff members that had multiple roles covered by the protocols.

The Ferris School for Boys employs 74 staff members which does include administrative staff.

Positions Employed at the Ferris School for Boys

Superintendent	1
Assistant superintendent	1
Operation support specialist	1
Administrative Specialist II	1
Family crisis therapist	1
Treatment specialist supervisor	5
Master treatment specialist	7
Treatment specialist	4
Custodian	2
Youth rehabilitation counselor supervisor	6
Youth rehabilitation counselor	28
Youth rehabilitation counselor III	2
Substance abuse program administrator	1
Recreation specialist supervisor	1
Recreation specialist	1
Program manager	2
Food service director	1
Food service supervisor	1
Food service worker	5
Volunteer coordinator	1
Management analyst II	1
FCT	1
Total	74

Based on the roster provided by the PREA compliance manager there were 22 new employees within the last 12 months. During the onsite audit, there were 12 random staff interviews conducted.

On the first day of the onsite audit, there were 21 youths at the Ferris School for Boys. On the fourth day of the onsite audit, there was an additional admission. According to the Auditor's Handbook, at least 10 random youths are required to be interviewed for facilities that have under 50 youths. On 04/06/21 - 04/08/21, all 21 youth interviewed.

The facility coordinator identified 23 volunteers and a contractor. The auditor requested interview with eight volunteers and one contractor. Only four volunteers returned auditor's call and were interviewed. The contractor agreed to be interviewed. Information was incorrect that was provided on the PAQ, and the auditor had to complete further research to obtain correct information. Three of the volunteers interviewed had been trained in the detection, prevention, and response to sexual abuse and sexual harassment. The fourth volunteer had not begun volunteering, due to training being postponed due to the Covid-19 pandemic. The contractor had been trained in the detection, prevention, and response to sexual abuse and sexual harassment. Review of records presented by the volunteers/contract coordinator were exceptional. The files provided status of volunteers and contracts for direct service to youth. The files were complete with training information as well as dates for PREA related training, criminal background completion, and child abuse registry check. The coordinator was able to provide clarification on incorrect information provided on the PAQ, as well as provided contact information for volunteers and contractor.

At the time of the onsite audit, there were 11 youth that represented targeted groups. There were no youths identified in the PAQ. The auditors review of youth files and youth interviews did not indicate any youths that were representative of targeted groups. There were no youth that reported sexual abuse. There were no youth that identified as disabled, but there were 11 youth that were identified as receiving special education services. There were no youth that were limited English proficient, and there were no youth identified as hard of hearing or limited vision. The 21 youths that were interviewed did not disclose being identified as transgender, intersex, gay, lesbian, or bisexual.

Ferris School for Boys does have an isolation area so there were two youths identified as being in isolation. There were no barriers to identifying targeted groups. Utilizing the FOCUS Database would allow for easier tracking and data collection of the targeted groups within the DYRS facilities.

The auditors completed an onsite audit of documentation which included personnel files, youth files, youth medical files, PREA risk assessments, and investigative files. During the review of files, it was found that information is also maintained for both youths and staff in the FOCUS database, the Learning Center database, the Criminal Background Unit Office, and Human Resources.

Every fourth employee on the roster was selected for the documentation review. There were 14 active employee personnel files, five inactive employee files, and five promoted employee files selected for review. The personnel files lacked PREA training information and criminal history information. It was found that this information is maintained at the criminal history unit and the PREA training information was maintained in the training database, Learning Center. Both departments provided requested information in order for review to be completed. There were 33 inactive and active volunteer and contractor files reviewed in which 23 volunteers and a contractor were actively seeking to resume services once onsite visits were permitted.

There were 21 youth files reviewed. There was PREA training information contained all youth files. The files contained documentation of both PREA orientation and PREA comprehensive training. All files contained youth signatures of completion. Information pertaining to the PREA risk assessment or follow ups was provided in the database, FOCUS. Prior to the onsite audit on 01/06/21, there was an opportunity for the auditors to review information on FOCUS with the DYRS FOCUS liaison. The auditors were provided copies of the completed PREA risk assessments for further post-site review. The auditors were able to determine demographic information and date of admission from youth files and youth roster. At the time of the onsite, there were 21 PREA risk assessments made available for review. Along with PREA risk assessments, the auditors were provided the emails that are shared with building level administrators to classify youth.

AUDIT FINDINGS

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

The Delaware Department of Services for Children, Youth and Their Families (DSCYF) has the jurisdiction of facilities operated by the Division of Youth Rehabilitative Services (DYRS). The DSCYF Campus which is located in the suburbs of Wilmington, Delaware. The Ferris School for Boys is a security level V facility which is located on the DSCYF Campus. The facility is one of four juvenile facilities operated by DYRS. The other facilities are the Stevenson House Detention Center (SHDC) located in Milford, Delaware and the Residential Cottages (RC) which are located on the DSCYF Campus.

The Delaware County Courts specifically the New Castle County Family Courts place adjudicated male youth at the Ferris School for Boys. Residents served at the facility are between the ages of 13-18 years of age. The facility capacity is 72 youth. There is a northern and a southern housing cluster, which contain three housing units each. In total, there are six housing units that comprise the Ferris School for Boys. The housing units are identified alphabetically from A-F. Architecturally, the two housing clusters are identical. Both housing clusters have three levels, and within each level there is a housing unit. Within the last 12 months, there have been 114 youth detained at the detention center. The daily average of residents is 18. The average length of stay is six months. During the onsite review of the facility, there were three housing units occupied and three housing units vacant. The housing units that were occupied were A, B, and D.

On the first day of the onsite audit, the total population for the Ferris School for Boys was 21 males. There were 17 Black/African American/Non-Hispanic or Latino males, two Black/African/Hispanic or Latino males, and two White/Non-Hispanic or Latino males ranging in the ages of 15-18 years old. Youth were admitted to the Ferris School for Boys between the dates of 7/23/2020 to 3/25/2021.

On the first day of the onsite audit, there were 74 staff members employed at the Ferris School for Boys including building administrators. According to the Pre-Audit Questionnaire (PAQ), there were 32 new employees within the last 12 months.

Though the facility is all male youth, all staff are trained to work with both male and female youth. Staff can be interchanged throughout DYRS facilities. During the pandemic, the interchange of staff was prevalent throughout all of the DYRS facilities. To ensure appropriate ratios during the pandemic, staff was shared amongst the other juvenile facilities on the DSCYF Campus as well as Stevenson House Detention Center in the southern region of Delaware. As a precaution during the pandemic, the facility responded by moving youth to New Castle County Detention Center and Stevenson House Detention between the dates of 6/23/2021 to 7/7/2021. In total 12 youth were relocated, and 12 youth returned to the facility.

Listed on the PAQ and the roster provided during the onsite audit, Ferris School for Boys has 12 contractors that provide direct services to residents at the facility. Those contracts include medical care, dental service, and barber. Additionally, the facility has 23 volunteers that provide direct services to the residents. Volunteer services included Christian Ministry, Islamic Services, drama, pet therapy, PAWS, and mentorship. During the pandemic, services were suspended.

Movement within the entire building is controlled by swipe access or key. Throughout the facility including the administrative wing, housing units, classrooms, cafeteria, medical/mental health suites are monitored by 102 cameras. The auditors identified cameras in the classrooms, cafeteria (visitation area), hallways, and the exterior of the facility. During the onsite review, all cameras were operable. Youth bathrooms throughout the housing units were comprised of two individualized units containing in each a toilet and shower secured with a door. The door could only be opened by staff from the outside, and residents were able to exit on their own. Youth are to disrobe and dress within the unit. This practice was further confirmed during random youth interviews and random staff interviews. Youth could not be viewed showering or toileting by the cameras in any of the housing units. This was further confirmed during the site review of central control. There is at least one wet room per housing unit. All telephones were not operable, but there was at least one telephone that was operable on each housing unit. The postings and signage throughout the building needed correction with correct contact for the Child Abuse Hotline. The PREA compliance manager made necessary corrections to the information during the onsite audit. Throughout the facility, there was no contact information for victim advocacy.

Lobby/Administration/Staff Lounge Area

Upon entrance into the Ferris School for Boys, there were copies of the auditor postings on white paper in both English and Spanish. To the left of the lobby is the administrative offices and staff lounge area. To access this area, a swipe card is needed. The staff lounge area is comprised of the staff locker room, dining room area, and staff restrooms. In the administrative area, there is a conference room, staff offices, and file storage. Archived files are stored near the maintenance area of the building. The conference room was the base for the auditors during the onsite audit. The opening and closing meetings of the onsite audit were held in the Carp Center meeting area.

Gymnasium/Outside Recreation Yard

The gymnasium is located on the right of central control towards the front of the facility. There are gym equipment storage closets off the gym floor. One side of the storage area is not accessible by youth, and the other side is a locker room for students that participate in sports

at the facility. There is a key accessed youth bathroom inside the gym, and outside the gym, there is a staff shower. Additionally, there is a recreational supervisor office and a weight room. Outside of the gym, there is a large recreation yard. Youth participate in lacrosse and football. On the side of the field, there is a portable restroom. There is only one camera to monitor this area. When youth are utilizing the outside recreation area, they are monitored by direct supervision, video monitoring, and a run vehicle outside the fencing of the facility.

Education

Located towards the right of the gymnasium is the educational area of the facility. Throughout the facility, there are classrooms that are utilized specifically for group therapeutic treatment and programming. Within the education wing, there is an education office, library, and classrooms. The education office is not accessible to youth. During the onsite review, the education department was on spring break. Additionally, there was maintenance on the locking mechanisms within the education department. The education suite is comprised of offices and workstations. Housed in the education suite was the education administrator, education related services staff, education support staff, and teacher preparation area. Located outside of the education department, there was a copy of the auditors notice both in English and Spanish.

During a normal school day, youth move to the classes according to their class schedule. During the pandemic, the facility has been operating on a hybrid schedule of virtual and in-person instruction. Education is provided Monday through Friday from 8:45 a.m. to 2:45 p.m. program. Youth are provided the same courses received to a traditional school setting. Youth on administrative intervention are not provided teacher lead instruction on the housing units. They are provided education via packets on the housing units. There was a total of seven classrooms. Classrooms were equipped with cameras which provided full view of classroom. The only exception was a blind spot in a hallway between two classrooms. Also, there was an office in the education hallway that was converted into a recording studio. The youth recorded a music video on PREA, and they received the PbS (Performance based Standards) 2020 Kids Got Talent Contest- Group Division.

Library/ Carp Center

Next to the education suite is the library. The library is accessible from the main corridor. The areas between the bookshelves are easily visible by the cameras.

The Carp Center is a large multipurpose room used for treatment team meetings. Additionally, the room has an area utilized for distributing commissary. There are two staff bathrooms located in the multipurpose room. A youth bathroom is located outside of the Carp Center.

Cafeteria/Kitchen

The cafeteria is located in the southern portion of the facility, and it is accessible from the main corridor. There is a cement boundary around the cafeteria. The dining area is monitored by four internal cameras. As an incentive, youth are permitted to eat on the outside patio. The patio is not equipped with cameras. Since there are no cameras on the patio, direct supervision is utilized to monitor youth.

Behind the food serving line is a full commercial kitchen. Youth are not allowed access behind the serving area of the cafeteria unless on work detail. There are cameras located in the kitchen area. This area has a workstation and the dish room. At the end of the southern wing of the facility, there is additional kitchen related areas that are not monitored by cameras. This area includes coolers, freezers, dry good area, paper storage, chemical room, kitchen laundry room, supervisor office, staff office, locker room and staff restrooms.

Youth are provided the opportunity to work in the kitchen. The kitchen supervisor stated that there must be at least two staff members in the kitchen for a work detail to occur. Additionally, all doors must be locked. The work detail includes preparation and clean up.

There is no staff dining in the cafeteria/kitchen area. Staff are provided an area for food consumption in the staff lounge.

Laundry/Maintenance Area/Loading Dock

Accessible from the kitchen is the laundry area, maintenance area, and loading dock. The laundry area consists of commercial washers and dryers and folding area. This area is accessible to youth, and there is a work detail in this area. Majority of youth garments are bedding are laundered in commercial laundry. The facility has laundry areas on each housing cluster that are only utilized by youth that earn the incentive.

In close proximity to the laundry area is the loading dock and maintenance area. Comprised in the area is a locked caged storage, archived record storage, janitor's closet, food director's office, maintenance office, warehouse, and staff restroom. The maintenance area is within the vicinity of the loading dock. There is no youth work detail in the maintenance area.

Medical/Mental Health Suite

Medical and Mental Health Services are provided in the Medical and Mental Health Suite. The suite also includes a dental lab. Forensic medical examinations would be provided at Christiana Care Hospital or AI Dupont Hospital. There are youth and staff restrooms. Outside of the suite, there was one PREA related poster which needed to be corrected, but there were no audit postings. The medical suite has three examination rooms, medical file room, dental lab and storage rooms, medication dispensary cart located in exam room, storage room, mental health office, and medical office. Located near in the corridor of the dental examination room was a recessed area that is a blind spot. It was stated by the site guide that during physical examinations there must be two medical personnel present for examinations. After

medical personnel's shift, there is an on-call doctor available.

Visitation

Due to Covid-19 pandemic, there have been no onsite visitations. All visits have occurred via teleconference or virtually. According to both staff and residents, regular weekly virtual visitations and telephone calls are made available for both family and attorneys. The facility utilizes the cafeteria as an area for visitation. There is an area that is utilized for special visits which is across from central control. Those special visits may include attorney visit or family visit. During the onsite interviews with random youth, this conference area was utilized for interviews by the auditors. This area has visibility, but it provides a level of privacy to have a confidential meeting.

Northern and Southern Housing Clusters

The facility has six housing units broken into two housing clusters. The southern and northern housing clusters are architecturally identical. Additionally, all six housing units are identical. Located on the southern housing cluster is housing units A, B, and C. The only difference in the housing units are their respective levels. Housing unit A is located on the main floor of the facility. Housing unit B is located on the lower level of the facility, and housing unit C is located on the upper level. On the northern housing cluster, the housing units are D, E, and F. Again, the only difference in the housing units is the level. Housing unit D is located on the main floor of the facility. Housing unit E is located on the lower level, and housing unit F is located on the upper level.

Centralized in the northern and southern housing clusters are staff workstations, offices, laundry, quiet rooms, and activity areas. In each housing cluster, there are two wet rooms and a quiet room. Each cluster has an outside recreation area with two cameras. Each cluster has two classrooms which are utilized for group therapeutic sessions and programming. Comprehensive PREA training on the Housing clusters.

Located between the two housing clusters is the grievance box. The auditor's notice was posted in both housing clusters in English and Spanish.

Southern Housing Cluster

Housing Unit A

At the time of the site review, unit A housed 10 youth. The unit's capacity is 12 youth. There are 10 single rooms and a double room. There were two bathrooms. The bathrooms are separate, and they are secured with a door. The door must be unlocked by staff, but the youth can exit on their own. The bathroom contains a shower and toilet. There was no visibility into bathrooms. Youth are to dress and undress within the bathroom enclosure. This was further verified during random youth interviews. There were two phones, but only one was operable. The hotline number on the phones had to be corrected. There was no victim advocacy number available on or near the telephones. The unit was monitored by two cameras. There is a supervisor's office on the unit and a staff bathroom.

Housing Unit B

At the time of the site review, unit B housed one youth. The unit has the capacity of 12 youth. This unit is the southern cluster's administrative intervention unit. There were two bathrooms. The bathrooms are separate, and they are secured with a door. The door must be unlocked by staff, but the youth can exit on their own. The bathroom contains a shower and toilet. There was no visibility into bathrooms. Youth are to dress and undress within the bathroom enclosure. This was further verified during random youth interviews. There were two phones, and both were operable. The hotline number on the phones had to be corrected. There was no victim advocacy number available on or near the telephones. The unit was monitored by two cameras. There is a supervisor's office on the unit and a staff bathroom. During the onsite review, there was an informal conversation with the resident placed on this unit.

Housing Unit C

At the time of the site review, unit C housed no youth. The unit has the capacity of 12 youth. There were two bathrooms. The bathrooms are separate, and they are secured with a door. The door must be unlocked by staff, but the youth can exit on their own. The bathroom contains a shower and toilet. Youth are to dress and undress within the bathroom enclosure. This was further verified during random youth interviews. There was no visibility into bathrooms. There were two phones, and both were operable. The hotline number on the phones had to be corrected. There was no victim advocacy number available on or near the telephones. The auditors located a PREA related poster on the housing unit. The unit was monitored by two cameras. There is a supervisor's office on the unit. During the onsite review, there was an informal conversation with the resident placed on this unit.

Northern Housing Cluster

Housing Unit D

At the time of the site review, unit D housed 10 youth. The unit's capacity is 12 youth. There are 10 single rooms and a double room. PREA related information was posted. There were two bathrooms. The bathrooms are separate, and they are secured with a door. The door must be unlocked by staff, but the youth can exit on their own. The bathroom contains a shower and toilet. Youth are to dress and undress within the bathroom enclosure. There was no visibility into bathrooms. This was further verified during random youth interviews. There were two

phones, but only one was operable. The hotline number on the phones had to be corrected. There was no victim advocacy number available on or near the telephones. The unit was monitored by two cameras. There is a supervisor's office on the unit and a staff bathroom.

Housing Unit E

At the time of the site review, unit E housed no youth. This housing unit is the northern cluster's administrative intervention unit. The unit has the capacity of 12 youth. There were 2 bathrooms. The bathrooms are separate, and they are secured with a door. The door must be unlocked by staff, but the youth can exit on their own. The bathroom contains a shower and toilet. Youth are to dress and undress within the bathroom enclosure. This was further verified during random youth interviews. There was no visibility into bathrooms. There were two phones, and both were operable. The hotline number on the phones had to be corrected. There was no victim advocacy number available on or near the telephones. The auditors located a PREA related poster on the housing unit. The unit was monitored by two cameras. There is a supervisor's office on the unit and a staff bathroom.

Housing Unit F

At the time of the site review, unit F housed no youth. The unit has the capacity of 12 youth. There were two bathrooms, and one of the bathrooms was inoperable. The bathrooms are separate, and they are secured with a door. The door must be unlocked by staff, but the youth can exit on their own. The bathroom contains a shower and toilet. Youth are to dress and undress within the bathroom enclosure. This was further verified during random youth interviews. There was no visibility into bathrooms. There were two phones, and both were operable. The hotline number on the phones had to be corrected. There was no victim advocacy number available on or near the telephones. The auditors located a PREA related poster on the housing unit. The unit was monitored by two cameras. There is a supervisor's office on the unit. During the onsite review, there was an informal conversation with the resident placed on this unit.

Intake Unit

Intake is located within proximity to the administrative offices. Outside of intake is the sallyport connecting to the garage. Within intake, there is a large processing room, holding cell, uniform/ resident inventory closet, janitor closet and a shower area. The intake area is utilized for other purposes. Youth are provided PREA orientation. Also, the barber provides hair care services, and youth from other DYRS facilities are held in the holding cell while awaiting medical and dental attention. The auditor observed around the intake desk a holder with pamphlets containing PREA related information and that posted on walls were four PREA related posters. Also, there was an area in which youth watched PREA video.

Central Control/Cameras

There are two entrances to central control. One entrance is through administration, and the other entrance from YRC station. Within Central Control, there are two desks with three surveillance monitors on each desk and two door monitors. There is also a workstation. There is an existing maintenance contract for the service of the system. In total there are 102 monitors with the ability to maintain footage for 28 days. According to the PREA compliance manager, there is one staff posted in Central Control. Auditors were able to view all cameras. There were no cameras offline during the onsite review. There were two cameras that would benefit from cleaning. They were the northern housing cluster basketball court camera and the camera at the entrance of the large outside recreation area. There are no cameras that can capture the lacrosse/football field or the patio outside of the cafeteria. The camera system was manufactured by Honeywell. There is an existing service agreement in place with Advance Tech to provide maintenance services.

A siren system has been installed since the last audit. The siren provides the surrounding community alert in case of an elopement from the facility.

Programs/Services

The Ferris School for Boys offers the following to youth:

- Education Program
- Transition/Aftercare Services
- Individual and Group Counseling
- Mental Health services provided by a certified psychologist and psychiatrist.
- Medical, dental, and eye care services
- Pre-Covid - Programming offered by various community partners religious, yoga, drama and pet therapy.
- Cognitive Behavior Therapy (CBT) – The Ferris School for Boys behavior modification program

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). 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
Number of standards met:	42
Number of standards not met:	0

Standard	Title	Overall Determination
Prevention Planning		
115.311	Zero Tolerance	Meets Standard
115.312	Contracts	Exceeds Standard
115.313	Supervision/Staffing	Meets Standard
115.315	Cross Gender Viewing & Searches	Meets Standard
115.316	Residents with Disabilities and LEP	Meets Standard
115.317	Hiring and Promotion	Meets Standard
115.318	Upgrades to Facilities and Technologies	Meets Standard
Responsive Planning		
115.321	Evidence Protocol/ Forensic Medical Examinations	Meets Standard
115.322	Policies to Ensure Referrals of Allegations	Meets Standard
Training and Education		
115.331	Employee Training	Meets Standard
115.332	Volunteer and Contract Training	Meets Standard
115.333	Resident Education	Meets Standard
115.334	Specialized Training: Investigations	Meets Standard
115.335	Specialized Training: Medical and Mental Health Care	Meets Standard
Screening for Risk		
115.341	Obtaining Information from Residents	Meets Standard
115.342	Placement of Residents	Meets Standard
Reporting		
115.351	Resident Reporting	Meets Standard
115.352	Exhaustion of Administrative Remedies	Meets Standard

115.353	Resident Access to Outside Confidential Support Services and Legal Represntation	Meets Standard
115.354	Third-party Reporting	Meets Standard
Official Response Following A Resident Report		
115.361	Staff and Agency Reporting Duties	Meets Standard
115.362	Agency Protection Duties	Meets Standard
115.363	Reporting to Other Confinement Facilities	Meets Standard
115.364	Staff First Responder Duties	Meets Standard
115.365	Coordinated Response	Meets Standard
115.366	Preservation of Ability to Protect Residents from Contact with Abuser	Meets Standard
115.367	Agency Protection Against Retaliation	Meets Standard
115.368	Post Allegation Protective Custody	Meets Standard
Investigations		
115.371	Criminal and Administrative Agency Investigations	Meets Standard
115.372	Evidentiary Standard for Administrative Investigations	Meets Standard
115.373	Resporting to Residents	Meets Standard
Discipline		
115.376	Disciplinary Sanctions for Staff	Meets Standard
115.377	Corrective Action for Contractors and Volunteers	Meets Standard
115.378	Interventions and Disciplinary Sanctions for Residents	Meets Standard
Medical and Mental Care		
115.381	Medical and Mental Health Screenings; History of Sexual Abuse	Meets Standard
115.382	Access to Emergency Medical and Mental Health Services	Meets Standard
115.383	Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers	Meets Standard
Data Collection and Review		
115.386	Sexual Abuse Incident Reviews	Meets Standard
115.387	Data Collection	Meets Standard
115.388	Data Review Corrective Action	Meets Standard
115.389	Data Storage, Publication, and Destruction	Meets Standard

Auditing and Corrective Action		
115.401	Frequency and Scope	Meets Standard
115.403	Audit Contents and Findings	Meets Standard

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. Policy 2.13 Division of Youth Rehabilitative Services (DYRS) Prisoner Rape Elimination Act (PREA) (Revised 6/29/17). 2. Youth Rehabilitative Services Director's Office Organizational Chart (Effective 09/15/20). 3. State of Delaware Department of Services for Children Youth and Their Families Division of Youth Rehabilitative Services PREA Compliance Managers Organizational Chart. 4. State of Delaware Employee Performance Plan PREA Coordinator Section I, B (pp. 2), (2/11/21). 5. Ferris School Organizational Chart. 6. Pre-Audit Questionnaire (PAQ) 7. Director's Team Meeting Minutes (8/7/20) 8. Director's Team Meeting Minutes (2/5/2021, and 4/9/2021) 9. Ferris School Resident Handbook English (pp. 36-37) (Revised 7/24/20) 10. Ferris School Resident Handbook Spanish (pp. 46-48) (Revised 1/1/19) Interviews: 1. PREA coordinator 2. PREA compliance manager Site Review Observations: Observation of the PREA compliance manager performing duties on facility grounds Findings (by Provision): 115.311 (a) 1-4: 1. The agency has a written policy mandating zero-tolerance against all forms of sexual abuse and sexual harassment. Policy 2.13 Division of Youth Rehabilitative Services (DYRS) Prison Rape Elimination Act, Section II titled Policy, (pp.1-3) establishes zero-tolerance for any incidence of sexual activity with youth, sexual abuse and sexual harassment. 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 including consensual is criminal and prohibited. All matters that involve the allegation of any sexual contact will be reported to the child abuse hotline. This applies to all staff which includes department employee, volunteer, contractor, official visitor or other agency representatives. The Ferris School Resident Handbook page 36 and 37, outlines the zero-tolerance policy for sexual abuse, assault, and harassment. A resident's right to be free from sexual abuse, assault, harassment, and retaliation. The agency's prevention, reporting of sexual abuse, treatment and counseling. The resident handbook outlines that a resident can report sexual abuse to a staff, family member, child abuse hotline (800) 292-9582 or the police. All allegations of physical or sexual abuse must be reported to the superintendent's office. 2. Agency Policy 2.13 (DYRS) Prisoner Rape Elimination Act, Section IV outlines 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 designation of a PREA coordinator and PREA compliance manager, resident PREA orientation, resident handbook, resident intake screening, risk assessments, PREA postings, resident education, housing placement, program assignments, movement throughout the facility, criminal history background checks of employees, contractors, and volunteers, staff PREA training and staff supervision. The policy outlines detection of sexual abuse and sexual harassment through supervisory staff unannounced rounds, staff announcement of the opposite gender in the housing unit, resident handbook, 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, resident handbook, 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. This policy provides and outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. 3. Policy 2.13 III, Section II, B Definitions (pp.1-3), defines non-consensual sexual act or abusive sexual contact as contact with any person with or without his or her consent or of a person who is unable to consent or refuse. DYRS policy establishes that contact between the penis and the vagina or the penis and the anus, including penetration, however slight; contact between the mouth and the penis, vagina, or anus; penetration of the anal or genital opening or another person, by a hand, finger, or other object; intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast,

inner thigh, or the buttocks of any person. The policy does not define voyeurism as a definition of sexual abuse.

The policy combines the sexual abuse definitions for both youth and staff which negates parts of the definitions as required in the PREA Standards Definition 115.6. It should read, "Sexual abuse of a resident by another resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse.

a) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

b) Contact between the mouth and the penis, vulva, or anus;

c) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, another instrument; and

d) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

It should read, "Sexual abuse of a resident by a staff member, contractor, volunteer includes any of the following acts with or without consent of the resident.

a) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

b) Contact between the mouth and the penis, vulva, or anus;

c) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse or gratify sexual desire;

d) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

e) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

f) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;

g) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a resident and

h) Voyeurism by a staff member, contractor, or volunteer.

The policy does not include the definition of "Voyeurism by a staff member, contractor, or volunteer as outlined by PREA Standards Definition 115.6.

4. Policy 2.13 Section III, Definitions Titled Sexual Harassment (page 2), combines the sexual harassment definitions for both youth and staff which negates parts of the definitions as required in the PREA Standards Definition 115.6.

a. It should read "repeated and unwelcome sexual advances, request for sexual favors, or verbal comments, gestures or actions of a derogatory or offensive sexual nature by one resident directed towards another.

b. It should read "repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor or volunteer including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

5. Agency Policy 2.13 PREA Section IV C, D, E, includes sanctions of disciplinary action up to and including termination and/or criminal prosecution, and referral to the Delaware State Police for those found to have participated in prohibited behavior. Policy outlines discipline for residents via the cognitive behavior treatment (CBT) program.

115.311 (b) 1-3:

Agency policy 2.13 (DYRS) (PREA) Section III, F., Page two outlines the position of the PREA coordinator (PC). The policy provides that the PC acts as the agency representative on PREA related issues, attends national or regional PREA meetings, regional training opportunities and provides assistance to the PREA compliance managers (PCM). The PC will develop, implement and oversee the agency's efforts to comply with the PREA standards in all facilities. In review of 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 PC performance plan outlines that the Professional Standards Manager/PREA coordinator reports directly to the agency DYRS Director and provides

assistance to four PREA compliance managers. The PREA coordinator reported she was just appointed to this position on 2/1/21 a position held by the previous PREA coordinator since 01/07/19. The previous PREA coordinator was promoted to Deputy Director of the Division of Management Services on 1/4/21 and covered the PREA coordinator position until 2/1/21. During an interview, the PREA coordinator reported that she has sufficient time to manage PREA related responsibilities. The PC indicated she is new in her position but is working on audit preparation for the facilities. The PC indicated she attended a Director's Team meeting and had a meeting with the PCM's via skype with a plan to meet quarterly. The PC states she would speak with the PCM, superintendent and assistant superintendent on facility related concerns. In the PAQ, the PC provided agency documentation for the auditor's review and met directly with the auditors while onsite. The PC demonstrated knowledge about her duties, agency policy, practices and efforts for compliance with the PREA standards.

The evidence shows that the agency has designated an upper-level agency-wide PREA coordinator which was verified through the agency policy, organizational chart, performance plan and interview with PC. The PC has worked in her position for the last two months and has led the agency's efforts towards compliance with the PREA standards. In the Pre-Audit Questionnaire (PAQ), the PREA coordinator provided audit documentation, seven subsequent file documentation, scheduled required interviews with facility staff and responded to auditors request for additional documentation which demonstrated the PC has sufficient time and authority to oversee the agency's efforts in complying with PREA.

115.311 (c): 1-4:

Agency policy 2.13 (DYRS) (PREA) Section III, E., Page 2 outlines the position of the PREA compliance manager (PCM). The policy provides that the PCM will ensure PREA compliance operationally and it's readiness for all related PREA standards. In review of the DYRS Ferris School for Boys Organizational chart, the facility has designated a PREA compliance manager that holds the position of Treatment Specialist Supervisor in the organizational structure and reports directly to the North Program Manager. THE PCM also assist as the backup PREA Retaliation monitor. A review of the State of Delaware 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 PCM at each facility. During an interview, the PCM reported that he does have enough time as the PREA compliance manager and works remotely a couple days a week and on weekends. PCM states he had a zoom call with the PC, provides comprehensive education to residents 10 days after intake and holds PREA refresher training for facility staff. The PCM stated he created a mandatory reporter card that outlines the reporting process for facility staff. A review of the Mandatory reporter card list five steps facility staff would take 1, Separate victim/abuse, 2. Notify supervisor/ call hotline 1-(800) 292-9582, 3. Secure crime scene, 4. Take youth to medical, 5. Start administrative reports. In the PAQ, the PCM provided agency documentation onsite as well as 15 supplemental files for the auditor's review. During the site review, the PCM escorted the auditors throughout the facility. The auditors observed the PCM interactions with the facility staff and residents which demonstrated knowledge about his duties, agency policy, practices, physical plant layout and efforts for compliance with the PREA standards.

The evidence shows that the agency has designated a PREA compliance manager which was verified through the agency policy, organizational chart, and interview with the PCM. The PCM has worked in this position for 22 months and is leading the facilities efforts to comply with the PREA standards.

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

Best Practice Recommendations:

1. Revise the PREA Policy 2.13, Section II titled Policy, to update the term "sexual activity" to "sexual abuse" as defined under PREA Standard Definitions 115.6.
2. Revise the PREA Policy 2.13, Section IV titled Procedures, to include a Detection and Response section so that the agency's approach is clearly outlined.
3. Revise PREA Policy 2.13. Section III titled Definitions (B and C), to clearly define sexual abuse definitions for resident by another resident and resident by staff as required in the PREA Standards Definition 115.6. It does not have to read verbatim but should clearly outline the definition of sexual abuse of a resident by another resident and sexual abuse of a resident by a staff.
4. Revise the PREA Policy 2.13 Section III titled Definitions, to include the definition for "Voyeurism by a staff member" as Voyeurism is a form of sexual abuse as defined under PREA Standard Definitions 115.6.
5. Revise PREA Policy 2.13. Section III titled Definitions to clearly define sexual harassment as defined under PREA Standard Definitions 115.6. It does not have to read verbatim but should clearly outline the definition of sexual harassment of a resident by another resident and sexual harassment of a resident by a staff.
6. Train staff on the revised PREA policy.
7. Document that staff have received training on the revised PREA policy.
8. Update the Ferris School for Boys Spanish Handbook (January 1, 2019) with changes that was made in the Ferris School for Boys English Handbook (July 24, 2020).
9. Educate residents on the revised resident handbook.
10. Document residents have received updated education on the revised resident handbook.

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 (updated 2/2021). 2. Division of Youth Rehabilitative Services DYRS Operating Guidelines for Contracted Children and Family Programs and Services Section V, D pp 11, (revised 3/01/20). http://www.kids.delaware.gov/mss/mss_contracts.shtml 3. Pre-Audit Questionnaire (PAQ) 4. Community Specialist Corporation (New Outlook Academy) Final Report 1/12/2021 5. Detroit Behavioral Institute, DBA Capstone Academy PREA Final Report 6. Diversified Treatment Alternatives PREA Final Report 7. George Junior Republic PREA Final Report 8. Keystone Continuum LLC DBA Natchez Trace Youth Academy PREA Final Report. 9. Summit School Inc. (Summit Academy) PREA Final Report 10. Vision Quest RAD PREA Final Report 11. White Deer Run (Cove Prep) PREA Final Report 12. Woodland Academy PREA Final Report 13. Community Specialist Corporation (New Outlook Academy) Contract. 14. Detroit Behavioral Institute, DBA Capstone Academy Contract 15. Diversified Treatment Alternatives Contract 16. Keystone Continuum LLC DBA Natchez Trace Youth Academy Contract 17. Vision Quest RAD Contract 18. Rite of Passage Inc. Final Report 10/2/2020 19. Cornell Abraxas Group Inc. Marienville, PA PREA Audit Final Report 7/28/2020 and Morgantown, PA PREA Audit Final Report June 16, 2019. 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 a contract for confinement of residents. The Division of Youth Rehabilitative Services DYRS Operating Guidelines for Contracted Children and Family Programs and Services Section V, D page 11, 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 review of the DYRS residential contracts dated (2/2021), the agency reported they had 17 contracts with facilities for confinement of residents and there was no contract that did not require contractors to adopt and comply with the PREA standards. One of the contracted agencies has two facilities under contract. The DYRS residential contracts list the facilities, contact information, website, PREA compliance manager, and status of compliance under the standard. The auditor reviewed five of the nine contracts for confinement of the agency's residents. The contracts reviewed has a section on reporting requirements that specifically require contractors to maintain compliance with the DSCYF operating guidelines. The DSCYF operating guidelines is located on the agency's website at http://www.kids.delaware.gov/mss/ mss_contracts.shtml and does require the contractor to comply with the PREA standards. The agency reported that six out of the 18 facilities had less than 51% Juvenile Justice. Since the last PREA audit, the agency had 18 facilities that were under contract. In review of the contractor's website, all nine had a final PREA audit report listed on the contractor's website. 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, contracts, provider website and agency guidelines. 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 11, 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 six 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 (2/2020), 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. Six providers were listed as having less than 51% juvenile justice youth. During an interview with the agency contract administrator, only contracts with PREA eligible providers is monitored for compliance. Once a provider enters into contract, they are to comply with the PREA standards. YRS would not enter into a contract with a provider that was not compliant with PREA. Providers that are less than 51% juvenile justice do not require the agency to monitor the contract for compliance with PREA standards. During the COVID-19 Pandemic, the agency learned that one of the contracted facilities lost their license with the state and immediately the agency removed all the residents from the facility. Although the facility was compliant with PREA, the agency took immediate action to transport residents back to the State of Delaware. The auditor reviewed six contracts that are less than 51% juvenile justice that confirms the agency's compliance with this provision. The evidence shows that the agency does require monitoring of a contractors' compliance with the PREA standards with the providers unless the provider is less than 51% juvenile justice. This was verified through review of the PAQ, agency guidelines, provider website and interview with agency contract administrator. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents

1. Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 (Revised 6/29/17).
2. February A, B C Shift Schedule (2/17/2021)
3. Youth Rehabilitative Services Strategic Plan 2019-2022.
4. Director's Team Meeting Minutes (2/3/2020)
5. Director's Team Meeting Minutes (8/7/2020)
6. Director's Team Meeting Minutes (2/5/2021 and 4/9/2021)
7. Ferris School C Shift Report (2/12/2021)
8. Unannounced PREA Tours (2/12/2021)
9. Ferris School Shift Reports (4/11/20, 5/9/20, 6/27/20, 7/4/20, 9/11/20, 11/19/20, 12/11/20, 12/25/20).
10. Ferris School for Boys Staffing Plan January 2021.

Interviews:

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

Findings (by Provision):

115.313 (a-c):

In the PAQ, the agency reported that they require each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and video monitoring, to protect residents against abuse. The facility reported that the average daily number of residents at the facility was 18 and the staffing plan was predicated on that number. At the time of the onsite audit, there were 21 residents at the facility. The facility reported in the last 12 months they have not deviated from the staffing plan as staff are frozen on shift as needed to ensure they remain in compliance with staffing ratios.

The facility relies on PREA Policy 2.13 Section IV Titled Procedures B, 1, that provides that the administration and supervisors have a responsibility to maintain 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 four shift supervisors on 6:00am-2:00pm shift, five on 2:00pm-10:00pm and two on 10:00pm-6:00am.

The facility reported they currently employ 88 staff, 11 contractors and no volunteers that may have contact with residents. In review of the Ferris School for Boys organizational chart, the facility reported that they have the staffing capacity of 106 employees that includes 89 fulltime employees and 17 casual/seasonal employees. The current administrative and security staff consist of one superintendent, one assistant superintendent, one management analyst, one administrative specialist, one volunteer coordinator, one operations specialist, one recreation program supervisor, one recreation program leader, one SA Administrator, two program managers, two Family Crisis Therapists, six youth rehabilitative counselor supervisors, two youth rehabilitative counselor lll, 25 youth rehabilitative counselors, six treatment specialist supervisors, 12 treatment specialist, one food service supervisor, four food service staff, one seasonal food service staff, youth rehabilitative counselor and two custodian staff that work on either A shift 0600-1400, B shift, 1400-2200 or C shift 2200-0600. A review of the facility shifts reports for A, B and C shift, the facility has a detailed log report by the hour of the movement of residents, security camera checks, and PREA monitored tours. The report outlines the number of staff in each housing cluster, the number of residents, and staff assigned a radio during the shifts. The staffing plan calls for a minimum of one staff per 16 residents during A and B shift. The staffing plan requires that staff be aware of the location of the group and individual residents at all times by conducting head counts, residents are never left unsupervised in any area, staff must conduct periodic headcounts and movement must be noted in the unit logbook. Staff are must have direct and active supervision of the residents and be able to intervene if necessary. The C shift have the same minimum one staff to 16 residents with 10-minute checks during sleeping hours. The staffing plan also outlines that that Ferris mandates that the ratio is one staff per eight residents during waking hours and one staff per 16 residents during sleeping hours.

The auditor was able to observe that the residents were never alone and traveled in a group escorted by staff when they left the unit, in the main hallway and in a study room. Staff utilized radios for communication between other staff. On the first day of the onsite audit, twenty-one male residents resided at the Ferris School for Boys. The auditor was able to review the

camera system in central control and observe all areas of the facility and camera placement.

In the PAQ, the facility reported they have a video monitoring system and had not added any new technology in the past 12 months. During the onsite review, on April 5, 2021, the total number of residents was 21, on April 6, 2021 the total number of residents was 21, on April 7, 2021 the total number of residents was 21, and on April 8, 2021 the total number of residents was 22. Ferris School for Boys has a facility capacity count of 72. There are 102 video monitoring cameras installed throughout the facility in the housing unit clusters North and South, yard, classrooms, visitation, dining area, library, education, gym, Intake area, Maintenance, administration building, medical/mental health. All the cameras can be monitored by supervisory staff. The auditor did not observe any cameras in the bathroom. All cameras are date and time stamped and has a retention of 28 days.

During interviews, the superintendent stated that the facility has a documented staffing plan that considers staffing levels and video monitoring. The superintendent reported that the staffing plan considers accepted detention and correctional practices, any findings of inadequacy, resident population, staff positions, blind spots, programming schedule, any applicable laws, and sexual abuse unsubstantiated and substantiated findings at the facility. The superintendent stated she checks for compliance of the staffing plan by looking at the coverage each day and make sure that there is enough staff assigned to each unit.

The evidence shows that the facility provides adequate staffing levels and video monitoring to protect residents against abuse. This was verified through policy, interviews, video monitoring, staff and supervisor shift assignments.

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

115.313 (d):

In the PAQ, the facility reported at least once every year the facility, 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 Youth Rehabilitative Services Strategic plan 2019-2022, the Directors team meeting that outline the agency’s discussion for staffing plans to be a standing agenda every year and video monitoring system concerns. Specifically, a recommendation to add cameras and a pending Ferris camera project that includes cameras recommended from the previous audit.

During interviews, the PREA coordinator stated that assessments or adjustments to the staffing plan is discussed through directors’ team meeting. The next Director’s team meeting is scheduled for April 9, 2021. The PREA Coordinator provided the additional meeting minutes for the Director’s team meeting post audit.

The evidence shows that the facility does meet with the PREA coordinator to discuss the staffing plan to ensure compliance which was verified by interviews and director’s meeting minutes.

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

115.313 (e):

In the PAQ, the facility 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 relies on PREA Policy 2.13 Section V, B,4 that outlines supervisors and program managers are to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment, and shall be on all shifts and highlighted in the unit logbook. Any and all staff are prohibited from alerting any staff of these supervisory rounds.

A review of the logbook for 30 randomly selected days over the course of six months shows that PREA unannounced rounds are documented in the unit logbook. A review of the video system shows that rounds are being completed. The intermediate higher-level staff do conduct PREA unannounced rounds on all shift and log such rounds in the unit logbook in red ink. PREA unannounced rounds are documented as PREA Tour with a start and end time and a notation if any violations were found.

During Interview, higher-level staff stated that they do conduct unannounced rounds and document these rounds in the green logbook in red. Staff indicated they would write in when they start and finish the unannounced PREA Round. When asked how do you prevent staff from alerting other staff, higher level staff indicated they would carry a radio during the round. Other higher-level staff indicated they would not tell staff and use the back way with a key to enter the area.

The evidence shows that the higher-level staff conduct unannounced rounds and they are documented in the log book which was verified through review of the log books, policy, and interviews.

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

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Division of Youth Rehabilitative Services State Managed Facilities Searches of Youth, Visitors and Facilities 5.14 (Revised 2/28/19). 2. Division of Youth Rehabilitative Services Professional Practices Lesbian, Gay, Bi-sexual, Transgender, Questioning, and Intersex (LGBTQI) Policy 2.20 (Revised 3/5/19). 3. Ferris School Searches: Clothed and Unclothed Searches 9.7 (Effective 2/06/19) 4. Policy 5.7 Division of Youth Rehabilitative Services State Managed Facilities Youth Supervision and Movement (Effective 6/1/15). 5. Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 (Revised 6/29/17). 6. PREA Resource Center Guidance in Cross Gender and Transgender Pat Searches (2/2015) 7. Male Staff Announce Sign and Female Announce Sign 8. Ferris School for Boys Un-Clothed Search Logs February 21, 2020 to April 8, 2021. 9. PREA Refresher Training Records 18 staff. Interviews: 1. Random staff 2. Resident Findings (by Provision): 115.315 (a): In the PAQ, the agency reported that they do not conduct cross gender strip or cross gender visual body cavity searches of residents. In the past 12 months the facility reported they did not conduct cross gender strip or cross gender visual body cavity searches of residents. The facility relies on Search of Youth, visitors and facilities policy 5.14 Section III A, unclothed searches are conducted by a minimum of two-line staff of the same gender without touching the youth. Policy LGBTQI 2.20 Section IV titled search procedure. G 3-4, outlines that LGBTQI shall be asked about their preference of being searched. If the youth does not express a preference the same gender staff shall conduct the search. Search of Youth, visitors and facilities policy 5.14 Section IV F, outlines that youth shall never be subjected to a body cavity search unless authorized by the medical authority, when directed this shall occur in the hospital by hospital staff. During the onsite audit, the auditor was able to observe an intake of a resident where a unclothed search was conducted. The auditor observed staff of the same gender conducting the search. Staff indicated that if a staff of the same gender was not present, they would observe the staff conducting the search absent any view of the resident being searched. Staff conducting the search would log in the Un-clothed search log the date, resident, location, start and end time, staff conducting the search staff gender and reason for the unclothed search. The auditor was able to review the unclothed search log for 467 unclothed searches from February 21, 2020 to April 8, 2021. The evidence shows that the facility does not conduct cross gender strip searches or body cavity searches of residents which was verified by policy, and onsite observation. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.315 (b-c): In the PAQ, the facility reported that they do not conduct cross gender pat searches of residents, absent exigent circumstances. The facility reported in the past 12 months they had no cross-gender pat searches and none that involve an exigent circumstance. Policy 2.20 LGBTQI outlines that cross-gender searches should not occur except in exigent circumstances. In an exigent circumstance, a written report must be completed, reviewed, and approved by the program manager immediately following and submitted to the deputy director, PREA coordinator and PREA compliance manager. The auditor was able to observe the intake areas and speak with staff regarding the intake process. Staff stated that each resident is searched when they come into the facility by the same gender staff. The auditors observed the intake area that

had one restrooms and shower area. Two staff of the same gender would be present during a search of the resident that is not visible by any other staff or residents. If there was a staff of the opposite gender, that staff would not be in the view of the resident while the search was being conducted.

The evidence shows that the facility does not conduct cross gender pat searches of residents which was verified by policy, and onsite observation.

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

115.315 (d):

In the PAQ, the facility 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.

The facility relies on policy 5.7 Youth Supervision and Movement Section IV E, 1, that outlines staff shall not observe youth of the opposite sex when they are dressing and or undressing, bathing, or using toilet facilities. Agency policy PREA 2.13 requires staff of the opposite gender to announce their presence when entering a resident housing unit area where residents are likely to be showering, performing bodily functions, or changing clothing.

During interviews with 12 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 12 staff stated yes and all 12 staff stated staff of the opposite gender would announce female on the Pod. When staff was asked if residents are able to dress, shower and use the toilet without being viewed by staff of the opposite gender, ten out of twelve staff stated yes. Staff indicated the residents have a door on the shower and stall.

During interviews with 21 residents, when asked do male or female staff announce their presence when they enter your housing area or any area where you shower, change clothes, or perform bodily functions, 20 out of 21 residents stated yes, staff say female on the floor 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, all 21 residents stated no.

During the onsite review, the auditor observed the unit bathrooms, shower area and toilet facility. The auditor asked staff about the use of the shower, toilet and how residents change clothes, staff stated only one resident can shower at a time and use the restroom at one time. There is a door to the shower and toilet areas and residents must change in the shower area and get dressed before they come out. The intake area has a bathroom and shower area.

The evidence shows residents are able to shower, change clothes and perform bodily functions without being viewed by non-medical staff of the opposite gender and that staff announce their presence when entering a residents housing unit which was verified by policy, interviews and observation.

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

115.315 (e):

In the PAQ, the facility reported they have a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. In the last 12 months, the facility reported that no such search occurred.

Agency policy 2.20 LGBTQI section IV G, 2, outlines that LGBTQI youth will not be physically searched in a manner that is humiliating or degrading or for the sole purpose of determining the youth’s physical anatomy. If a youth’s gender is unknown, it will be determined during conversations with the youth, by reviewing medical records, or as a part of a broader medical examination conducted in private by a medical practitioner.

During interviews with 12 random staff, when asked are you aware of the policy prohibiting staff from searching or physically examining a transgender or intersex resident for the purpose of determining the resident’s genital status, 11 out of 12 staff stated they were aware of the policy.

During the onsite review, the auditor reviewed 21 resident files and interviewed 21 residents and determined there were no transgender or intersex residents at the facility during the onsite audit.

The evidence shows that the facility prohibits staff from examining residents for sole purpose of determining a resident’s genital status which was verified by PAQ, policy, interviews, file review and onsite observation.

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

115.315 (f):

	In the PAQ, the facility reported that 100 percent of security staff have received training on conducting cross-gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Agency policy 2.20 LGBTQI section IV J, (1-2), outlines that all staff shall receive training on how to communicate effectively and professionally with youth including LGBTQI or gender nonconforming youth. The facility uses the PREA Resource Center Guidance in Cross Gender and Transgender Pat Searches to train staff on pat down searches of transgender and intersex residents. During interview with 12 random staff, when asked did you receive training on how to conduct a cross gender pat down search and searches of transgender or intersex residents in a professional and respectful manner, consistent with security needs, 11 out of 12 staff stated they have been trained, 11 out of 12 staff stated that they had the updated training a year ago. In review of the PREA Academy training on searches of transgender residents, the training outlines residents would be asked upon intake if they feel safest being searched by a male or female staff member. The auditor reviewed training records for 18 staff that confirms staff have received training on searches of residents through PREA refresher training. The evidence shows that facility staff have received training on how to conduct cross gender pat down searches which was verified through interviews, training documentation, training records, policy, and onsite 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. PREA Policy 2.13.IV.B.6 2. DSCYF Policy 118.II 3. DSCYF Policy 118.IV.B.i 4. PAQ 5. List of IDEA classified youth provided by mental health personnel 6. State of Delaware Executive Department Office of Management and Budget Contract No. GSS19602-LINGUIST Interpretation & Translation Services- Foreign Languages effective 04/01/19 - 03/31/21 p.9 7. Quick Glance Interpretation & Translation Services 8. Ferris Resident Safety Guide" in English and Spanish Interviews: Agency head 1. PREA compliance manager 2. Random youth 3. Random staff Site Review: 1. Housing clusters 2. Housing units 3. Library 4. Education Wing 5. Medical/Dental and Mental Health Suite Findings (by Provision): 115.316 (a)-1: The DSCYF has taken steps to ensure that youths 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 for youths that are disabled. In agency policy, there is specifics that ensure that disabled youths receive the same equal access to services and information pertaining to the prevention, detection, and response to sexual harassment and sexual abuse. PREA Policy 2.13.IV.B.6 states each facility is to ensure that youth with 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 their disability. 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 services needed, the document includes the Quick Glance Interpretation & Translation Services. The auditor contacted a vendor on the list to inquire about services. The auditor was informed there was availability of Sign Language Services. During the interviews with random staff, there were eight staff out of 12 staff that knew about the interpretation and language services available to the youth at the facility. Due to the school programming being on spring break, the auditors had to rely on the mental health personnel to identify the youth that had IDEA classifications. Facility staff were asked to identify youth that were limited English proficient. There were 11 youth identified as receiving special education services. The youth IDEA classifications included, Emotionally Disturbed, Learning Disabled, and Other Health Impaired. The special education classifications were not indicative of youths that would necessitate assistance or support in understanding the existing PREA delivery of information. There were no youth that had any speech impairment, blindness, physical disabilities, or hard of hearing, but there were youth that were identified that were learning disabled and had other health impairments.

Interview with the Director of DYRS and PREA compliance manager revealed that there are procedures implemented to ensure that youth with disabilities and limited English proficiency would receive information related to PREA. Mentioned was the access to the interpretation and translation services that included sign language, and youth with visual impairments could be provided PREA information in larger print. If comprehension or literacy were an issue, youth could be assisted by a member of the staff at the facility. During interviews with youth, the auditor specifically asked identified youth if they receive help when needed. All youth identified affirmed that they receive help when needed. Students listed that if they had difficulty, they could receive help from the YRCs and the treatment specialist. Based on this analysis, the agency substantially meets compliance for this provision.

115.316 (b)-1:
In DSCYF Policy 118.II, it is the policy of the Department that all LEP persons must have equal access to Department services, whether they are delivered by the Department or its contractors and shall be entitled to language assistance at no cost to themselves.

Based on information provided on the PAQ, there were no youth that were in need of translation and interpretation services within the last 12 months. At the time of the onsite audit, there were no youth identified on the roster that were limited English proficient. It should be noted that Spanish is the second largest spoken language in the state of Delaware. Further questioning by the auditors elicited no limited English proficient youth.

Meaningful access to all aspects of DSCYF's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to youth 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 services needed, the document includes the Quick Glance Interpretation & Translation Services.

DSCYF adherence to the State of Delaware Executive Department Office of Management and Budget Contract No. GSS19602-LINGUIST Interpretation & Translation could not be verified at Stevenson House Detention Center, because there was no documented use of services at the facility. The auditor could only confirm availability of the services on the contract by contacting vendors provided. Auditor selected vendors from the Quick Glance Interpretation & Translation Services List to verify services available. Upon further review of the contract, it was found that all vendors must provide certified/qualified and experienced language professionals with relevant knowledge in the required field of expertise. Based on contract requirements, the interpreters and translators are screened to ensure individuals providing services were effective, accurate, and impartial both receptively and expressively.

During the onsite review, the auditors located limited posters pertaining to PREA in either English or Spanish. There was informational material such as pamphlets within the facility in either English or Spanish pertaining to the prevention, detection, and response to sexual harassment, sexual abuse, and retaliation for reporting. The PREA compliance manager provided a copy of the pamphlet "Ferris School Resident Safety Guide." Based on this analysis, the agency substantially meets compliance for this provision.

115.316 (c)-1-3:
Review of DSCYF Policy 118.II does not explicitly prohibit the use of youth interpreters, youth readers, or other types of youth assistants except in limited circumstances. 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. Further, in DSCYF Policy 118.IV.i, it is cited that it may be appropriate to designate additional personnel who can ensure that sufficient language assistance services are provided in Department individual secure and non-secure detention programs, Ferris and state-run behavioral health facilities. Utilizing the interview protocols for random staff, it was found that four out of twelve random staff was not aware that youth could not be utilized as translators or interpreters.

During the onsite audit, there were no limited English proficient youth to interview nor documentation in PAQ to determine if youth interpreters, youth readers, or other types of youth assistants were utilized except in limited circumstances in the past 12 months. According to random staff, there has not been any limited English proficient youth in the past 12 months. There was no evidence located by the auditor that there was an extended delay in obtaining another interpreter that could have compromised the youth's safety, first-responder duties, or the investigation of the youth's allegations. Based on this analysis, the agency substantially meets compliance for this provision.

The evidence demonstrates that DSCYF has taken steps to ensure that youths 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. Additionally, there was no utilization of youth interpreters, youth readers, or other types of youth assistants. It was verified by the agency's policies, contracts, youth roster, interviews, and site reviews.

	Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required. Best Practice Recommendations: 1. Add to PREA Policy 2.13.IV.B.6 limited English proficient. 2. Increase the number of PREA Informational Posters in English and Spanish in all areas of facility. 3. Increase the size of the posters. 4. Provide easily accessible pamphlets of victim advocacy services. 5. Train staff on the availability of language and interpretation services and prohibiting the use of youth readers, interpreters, and translators. 6. Allow the participation of designated custody and treatment staff in the IEP meetings or share information so that custody staff and treatment staff are aware of the learning disabilities and cognitive disabilities of the detained youth at the facility. Foster dialogue from the youth's existing academic history regarding student's academic limitations and behaviors that may impede the youth ability to comprehend or adhere to the facility's policy regarding zero-tolerance for sexual abuse and sexual harassment.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS Policy 2.13 Attachment F-DYRS Hiring and Promotion Decisions 2. DYRS Policy 2.13.III 3. DYRS Policy 2.2.IV.B.1 4. DSCYF Policy 313 5. DSCYF Policy 318.IV.E 6. Human Resource Applicant Statement 7. Delacare Regulations 2.0- 301 Background Checks for Child-Serving Entities 8. Letter of Affirmation of NCIC 5 year Checks of Employees of Ferris School For Boys 07/02/19 9. Volunteer and Contractor Roster 10. Delaware Criminal Justice Information System (DELJIS) 11. Employee Files Interviews: 1. Human Resources 2. Criminal History Unit Site Review: 1. Employment Files Findings (by Provision): 115.317 (a)-1: DSCYF has three implemented policies and forms to address PREA Standard 115.321 prohibiting the hiring, promoting, or contracting of anyone who may have contact with residents who has engaged, attempted to engage, been 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. Human Resource Applicant Form which is completed by new hires to attest that they have not been engaged in above behaviors. This form only addresses sexual abuse. DYRS Policy 2.13 Attachment F-PREA Acknowledgement Form is an affirmation completed by employees at promotion and annually with evaluation. This form specifically addresses sexual abuse and sexual harassment. DYRS Policy 2.2IV.B.1 cited Division employees must remain free from criminal activity or involvement in substantiated cases of abuse/neglect that may lead to harm of a youth. Policy does not address sexual abuse and sexual harassment specifically just abuse and neglect. In Delacare Regulations 2.0- 301 Background Checks for Child-Serving Entities stated that persons seeking employment who have regular direct access to children or provide services to a child or children at a child-serving entity must have a background check completed before employment or during a conditional period of employment. As far as the practice, prior to employment, all candidates must complete a Human Resource Applicant Statement. The statement specifically states that DSCYF shall not hire, promote or contract with anyone who may have contact with youth who have engaged in behaviors outlined in PREA Standard 115.317. Annually and prior to promotion, employees must complete the PREA Acknowledgement Form which affirms that in the past 12 months, the employee has not engaged in behaviors outlined in PREA Standard 115.317. The review of 17 active employee files yielded 17 files containing required affirmation. Information obtained from both the Human Resource Unit and the Criminal Background Unit showed that all staff at Ferris School for Boys had required initial criminal background checks and child abuse registry check. In the PAQ, there was a copy of an affirmation that employees as of 07/02/19 received an updated criminal background check in order to fulfill the five year criminal background check requirement. Based on this analysis, the agency substantially meets this provision.

115.317(b)-1:
In order to comply with Policy 318.Definitions.E new hire candidates being promoted are required to complete the Human Resource Form which is an affirmation as part of the pre-employment reference check process. The employee would affirm that they have or have not been investigated for or engaged in sexual abuse in confinement, community, and civilly or administratively adjudicated. In the case of new hires candidates that complete the Human Resource Applicant Statement, there is no designation listed inquiring about sexual harassment. There is a service letter that is sent to previous employers. The service letter does not specifically speak to sexual harassment, but the questions that are asked should be sufficient to capture the occurrence of sexual harassment. The PREA Acknowledgement Form is for employees to affirm that in the last 12 months they have or have not been investigated for or engaged in sexual assault or sexual harassment in confinement, community and civilly or administratively adjudicated. There is a designation regarding sexual harassment. Further, human resources affirmed that the agency considers prior incidents of sexual harassment in determining to hire or promote anyone.

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

115.317(c)-1-2
DSCYF Policy 313.III cites Title 31, Chapter 3, Section 309 of the Delaware Code requires of SBI and FBI records a 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.

During the interview with the Criminal History Unit it was confirmed that criminal background checks are completed on all newly hired employees and contractors who may have contact with residents. The auditors were provided dates of criminal background checks.

In DSCYF Policy 3.18.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. Within the past 12 months, there were 32 new candidates at the Ferris School for Boys that had criminal background checks and child registry completed.

The auditor inquired of the Human Resources and Criminal Background Unit during the hiring process of new employees and contractors if the child abuse registry is consulted. Both agreed that the child abuse registry is consulted.

Further in 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. It was documented in the PAQ there were 15 new employees that received both criminal background checks and child abuse registry consults within the last 12 months.

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

115.317(d)-1-2
According to the DYRS Policy 2.13.III.a Definition the Ferris School for Boys' contractors are considered staff. The DYRS Policy 3.18.IV.E requires that criminal background checks are to be completed and child abuse registries consulted prior to enlisting the services of any contractor who may have contact with residents.

Inquiry was made by the auditor regarding the criminal background checks for contractors that were provided on the volunteer and contractor roster for the Ferris School for Boys. The auditors reviewed the files of the volunteer/contractor coordinator, and it was determined that 23 volunteers and the one contractor had completed all necessary checks and trainings required.

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

115.317(e)-1
Provided through the supplemental files of the AOS the PREA coordinator provided a Letter of Affirmation for the five-year employee background checks of the Ferris School for Boys. Additionally, the auditor requested from the agency the criminal background dates and child abuse registry consult. 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.

Based on this analysis, the agency does meet compliance for this provision.

115.317(f)-1

The auditor reviewed DYRS Policy 2.13 – Attachment F-PREA Acknowledgement Form which is used 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. Another form that was provided in the PAQ was the Human Resource Applicant Statement for new hire candidates. The form inquired about the above listed behaviors except sexual harassment. In the introduction of the form, it states the agency shall not hire, promote or contract with anyone who may have contact with youth who participated in above behaviors listed.

It was confirmed by human resources that the Human Resource Applicant Statement is completed by the new hire candidates and contractors. It was also confirmed that DYRS Policy 2.13 – Attachment F-PREA Acknowledgement Form is completed by employees annually and upon promotion. During the employee file review, the auditors requested copies of the signed forms. Review of 17 active employee files, there were 17 PREA Acknowledgement Forms completed by existing staff. There were 22 new hirers that completed the Human Resource Applicant Form during the application process.

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

115.317(g)-1
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, repealing all or part of the hiring process, or dismissal if employed by the State.

Found in DYRS Policy 2.2 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. Based on the list provided by the superintendent, there were no staff terminated for the omission of information from the application process. Additionally, there were no staff identified in the PAQ.

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

115.317(h)-1

According to human resources, DYRS would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee to an institutional employee with a service letter and a signed consent by a former employee.

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

The evidence has shown that the agency has established policies and procedures that prohibit the hiring or promotion of employees or contractors who may have contact with residents who have engaged in sexual abuse in confinement, institutional settings, community or civilly or administratively adjudicated for said behaviors. The facility through practice has established forms and service letters to obtain information if an individual has any incidents of sexual harassment. The agency completes criminal background checks and child abuse registry consult prior to hiring. The agency does complete background checks every five years or less. New hire candidates are required to disclose prior misconduct. Imposed on employees is a continuing affirmative duty to disclose any misconduct including PREA Standard 115.316(a). Any omissions or false statements are grounds for termination. With a written consent from a former employee, the agency would provide information of a substantiated allegation of sexual harassment and sexual abuse.

Based on this analysis, the facility does meet compliance and no corrective action is needed at this time.

Best Practice recommendations:

1. Service Letter to specifically inquire about sexual abuse and sexual harassment towards coworkers, patients, clients, residents or children.
2. Add sexual harassment to the Human Resource Applicant Statement in accordance with Standard 115.317(b).
3. Add sexual harassment as a prohibiting factor to hiring and promoting DSCYF 3.18.E in accordance with Standard 115.317(b).
4. Add into DYRS Policy 2.13 FBI criminal background checks to be completed every five years since DELJIS captures only crimes committed in Delaware, and the agency’s employees are comprised of Pennsylvania, New Jersey, and Maryland residents.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Proposal and Agreement # 9679-4-0 Ferris 09-12-18 DSCYF Ferris School-Video Surveillance System Upgrade and Expansion Interviews: 1. Agency head 2. Superintendent Site Review: 1. Central control Findings (by Provision): 115.318 (a)-1: This provision is not applicable. According to interviews with the agency head and superintendent, the agency nor facility has acquired a new facility or made substantial expansion or modification to an existing facility operated by DYRS. During the interview with the agency head, it was stated that sexual safety and physical safety are considered when designing, acquiring, and planning modifications to facilities. Additionally, it was stated that there were no new facilities or substantial modifications to the Ferris School for Boys. The facility is substantially compliant with this provision. 115.318 (b)-1: This provision is not applicable. Since the last PREA audit there was no additional installation or updated video monitoring system. Further research with the superintendent revealed that video monitoring system had the ability to capture footage up to 28 days. The agency head stated that there was no new monitoring technology at the Ferris School for Boys. The facility is substantially compliant with this provision. The evidence provided in the supplemental files of the PAQ, substantiates that Ferris School for Boys has not acquired a new facility or made substantial expansion or modification to existing facility since the last PREA audit. A proposal was uploaded to the PAQ, but there was no indication that work had begun on this project. A proposal was requested for upgrade and expansion- Proposal and Agreement # 9679-4-0 Ferris 09-12-18 DSCYF Ferris School-Video Surveillance System Upgrade and Expansion. The Ferris School for Boys has not installed any new video monitoring system or electronic surveillance system since the last PREA audit. This standard is not applicable to the Ferris School for Boys. Based on this analysis, the facility is substantially compliant with this standard and there is no corrective action required. Best Practice Recommendations: 1. Add external cameras on the patio outside of the cafeteria and the large recreational field outside of the gymnasium.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS Policy 2.13.IV.D.1-2 2. State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect pp 79-101 3. US Department of Justice's Office on Violence Against Women publication, "National Protocol for Sexual Assault Medical Forensic Examination, Adult/Adolescents" 4. Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults-Christiana Care Hospital 5. Affirmation of Compliance with Investigative Standards for Sexual Assaults with Delaware State Police Interviews: 1. Institutional Abuse (IA) 2. Survivors of Abuse Recovery, Inc. (SOAR) 3. Delaware State Police (DSP) 4. SANE Coordinator A.I. Nemours Dupont Hospital 5. SANE Coordinator Christiana Care Hospital Findings (by Provision): 115.321 (a):-1-4 DYRS Policy 2.13.IV.D.1.h, specifically states incidents alleging sexual harassment that are not accepted by the Institutional Abuse (IA) Unit for investigation, shall receive an internal administrative review in an efficient time frame. The Ferris School for Boys does not conduct criminal investigations. Criminal investigations are conducted jointly with the Delaware State Police Department (DSP) and IA. 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, and there is an existing Affirmation of Compliance with Investigative Standards of Sexual Assaults with the Delaware State Police department. 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. According to the IA investigator and the DSP, there has been no sexual abuse allegations reported that occurred at the Ferris School for Boys within the last 12 months that would have necessitated the need to utilize the protocols. It was further confirmed in the PAQ. Based on this analysis, the agency substantially meets compliance for this provision. 115.321(b) State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect was developed for 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." Upon further investigation with the PREA coordinator, it was found that the framework from the US Department of Justice's Office was not utilized. Rather the protocol was developed based on best practice. The auditor continues to make a comparison 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

Majority of these key points were utilized in the creation of the State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect. In the Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults between the Christiana Care Hospital SANE Coordinator, DYRS director, and the PREA coordinator, the protocols 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."

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

115.321(c)-1-10
In DYRS 2.13.IV.D.2.a-b, it is referenced that all medical personnel gathering physical evidence or engaged in legitimate medical treatment while investigating prison rape will do so in a hospital setting. Existing is the Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults between the Christiana Care Hospital SANE coordinator, the director of DYRS, and the PREA coordinator. The affirmation states that forensic examinations are made available without consideration of cost to the youth where evidentiary or medically appropriate. During the onsite audit of Ferris School for Boys, the auditors teleconferenced the SANE Coordinators at both the Christiana Care Hospital and A.I. Nemours Dupont. According to both SANE Coordinators, there were no forensic examinations as a result of sexual abuse at the facility within the last 12 months. According to all the SANE Coordinators, DSP, and IA, there were no incidences that required forensic examinations within the last 12 months. Further in the DYRS Policy, all medical interventions for PREA related incidents on the DSCYF campus will be referred to either Christiania care Hospital or A.I. Nemours Dupont. The affirmation detailed that 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 either Christiania care Hospital or A.I. Nemours Dupont Hospital within the last 12 months.

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

115.321(d)-1-3
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 examination and emotional support during the investigative process, and counseling while in custody.

DYRS Policy 2.13IV.E.1.a-b, referenced that counseling services will be made available to all youth involved in non-consensual sex, abusive sexual contact, or sexual harassment through: the designated hospitals for evaluation and treatment and the Division of Prevention and Behavioral Health (now DYRS staff) psychologist or DYRS contracted provider while the youth remains in custody or as a follow-up for facility release/discharge. During the random resident interviews, there were no residents who reported sexual abuse.

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

115.321(e)-1
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 examination and emotional support during the investigative process, and counseling while in custody. 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 auditors interviewed SOAR, and it was confirmed by the staff of SOAR that the agency had an affirmation with DYRS. During an interview with SOAR on 04/09/21, it was confirmed that the services listed in the affirmation were still available to victims at Ferris School for Boys.

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

115.321(f)-1
Criminal investigations at the Ferris School for Boys are conducted by the Delaware State Police Department. DYRS and the DSP has implemented the Affirmation of Compliance with Investigative Standards for Sexual Assaults. The affirmation contains the requirements mandated by PREA Standard 115.321(a)-(e).

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

The evidence shows that DYRS is responsible for conducting administrative sexual abuse investigations in cases that IA screens out the allegations. 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, the Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults, and the Affirmation of Compliance with Investigative Standards for Sexual Assaults are developmentally appropriate protocols for youth. The three protocols are an adaption of 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 and A.I. Nemours Dupont Hospital. Residents are provided victim advocacy services from SOAR, a community-based victim advocacy agency.

Based on this analysis, the agency substantially meets compliance for this standard.

Best Practice Recommendations:

1. Revise DYRS Policy 2.13.IV.D.1.h from administrative review to administrative investigation.
2. Revise DYRS Policy 2.13.IV.D.1.b. to include sexual abuse instead of prison rape.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Policy 2.13 Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 Section IV, D (b-h), pp 6-7, (Revised 6/29/17). 2. Policy 2.13 Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) Sexual Violence Incident Form Attachment A. 3. Policy 2.13 Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) Sexual Violence Incident Form Attachment B. 4. Policy 2.13 Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) Sexual Violence Incident Form Attachment C. 5. Policy 2.13 Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) Sexual Violence Incident Form Attachment D. 6. Policy 2.12 Division of Youth Rehabilitative Services Professional Practices Reportable Events Section III A-5, B-1 page 1, (Revised 6/27/14). 7. Policy 2.12 Division of Youth Rehabilitative Services Professional Practices Reportable Events Critical Reportable Event Attachment A, (Revised 5/14). 8. Policy 2.12 Division of Youth Rehabilitative Services Professional Practices Reportable Events Non-Critical Reportable Event Attachment B, (Revised 5/14). 9. Policy 208 Institutional Abuse Section V, page 2, (revised 6/8/16). 10. Child Sexual Abuse Protocol Memorandum of Understanding (Final 2017), (pp. 5) Interviews: 1. Agency head 2. Investigative staff Findings (by Provision): 115.322 (a) 1-5: In the PAQ, the agency 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 Policy 2.13 Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) Section IV, D, page 6-7, that states all matters that involve the allegation of any sexual contact as defined in this policy will be reported to the child abuse hotline. The policy further outlines that for matters which could result in a criminal action, institutional abuse will conduct a joint investigation with the Delaware State Police or Milford Police. Staff sexual misconduct will be reported to the Child Abuse Hotline to address all matters involving staff actions that may not be of a criminal nature, yet still violates PREA, such as conversations or correspondence of a romantic or sexual nature. Incidents alleging sexual harassment that are not accepted by the Institutional Abuse Unit for investigation shall receive an internal administrative review in an efficient time frame. As written, the policy does not ensure that an administrative investigation is completed for all allegations of sexual harassment. The YRS Policy 2.13 attachment A, sexual violence incident form establishes when an incident of sexual violence is identified on a reportable event form the sexual violence form is to be completed and included with the reportable event form. The sexual violence incident form defines types of sexual violence as non-consensual sexual act, abusive sexual contact and sexual harassment. In the PAQ, the agency reported, Policy 2.12 Division of Youth Rehabilitative Services Professional Practices Reportable Events Section III A-5, B-1 page 1, defines a critical reportable event as one that involves institutional abuse or child abuse resulting in arrest of an employee or provider in a department operated or contracted program for the maltreatment of a child with the department and a non-critical reportable event that involves the allegation of institutional abuse. The policy outlines a reportable event as institutional abuse, child abuse and allegation of institutional abuse but does not specifically outline sexual abuse and sexual harassment as a reportable event. The types of reportable events are categorized as critical and non-critical which provides a specific type of reporting requirement based on the severity of the incident. In review of the critical and non-critical reportable event form, institutional abuse is listed on both forms and child abuse is listed on the critical reportable event form. Neither the critical reportable event form nor the non-critical reportable event form defines sexual abuse and sexual harassment as a reportable event that would prompt an immediate telephone, voicemail or email notification. A review of Policy 208 Institutional Abuse Section V, page 2, outlines that the Institutional Abuse Investigation Unit will

screen reports of alleged sexual abuse by a DSCYF employee, investigate utilizing DFS Institutional Abuse Investigation Protocol policy and procedures, formulate findings and cite concerns obtained during the investigation and distribute findings and cite concerns to be distributed to the appropriate division or external entity.

The facility reported in the PAQ there were no sexual abuse and sexual harassment allegations reported in the past 12 months that resulted in an administrative investigation and no allegations referred for criminal investigation in the past 12 months. The facility PAQ indicated that there were no allegations received during the last 12 months for an administrative investigation.

Facility staff reported there were no allegations of sexual abuse or sexual harassment 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.

During an interview, the Agency head stated that they do ensure that administrative and criminal investigations are completed. Institutional Abuse investigates administrative allegations and criminal allegations which might be in conjunction with Delaware State Police. During interviews with Internal affairs investigator and Delaware State Police, the auditor was able to determine that there was no criminal cases of sexual abuse or sexual harassment received during the audit period for at Ferris Scholl for Boys.

Internal Affairs investigates administrative allegations and criminal allegations are investigated by Delaware State Police (DSP). The superintendent is the point of contact and the contract unit would be contacted for only reportable events from contracted agencies.

The evidence shows that there was no allegations of sexual abuse or sexual harassment reported in the last 12 months preceding the onsite audit. The agency reported that they did not have any allegations in the 12 months preceding the onsite audit. This information was verified through interviews, policy, and the PAQ. Based upon this analysis, the auditor finds 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.

Policy 2.13 Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) Section IV, D, page 6-7, outlines that all matters that involve the allegation of any sexual contact as defined in the policy will be reported to the child abuse hotline. The policy requires that matters which could result in a criminal action, institutional abuse will conduct a joint investigation with the Delaware State Police or Milford Police. All matters that may not be of a criminal nature will be reported to the Child Abuse Hotline and acts deemed to be a criminal offense as recognized by the child abuse hotline, will be referred to the Delaware State Police or Milford Police. Incidents alleging sexual harassment that are not accepted by the Institutional Abuse Unit for investigation shall receive an internal administrative review in an efficient time frame. As written, the policy does not require that allegations of sexual harassment are referred for investigation.

In the PAQ, the facility outlined in the Child Sexual Abuse protocol (MOU), page 5, a civil offense of sexual abuse as any sexual contact, sexual intercourse, or sexual penetration as defined in the Delaware Criminal Code between any individual and a child. This protocol outlines that DFS must make an immediate report to the appropriate law enforcement jurisdiction for all civil offenses identified in the sexual abuse protocol and document its contact with the appropriate law enforcement agency.

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. The agency provides that Policy 2.13 Division of Youth Rehabilitative Services Prisoner Rape Elimination Act PREA (https://kids.delaware.gov/yrs/prea-statutes-policy.shtml) is publicly available. The auditor reviewed the agency's website and determined that Policy 2.13 Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) is available on the website but does not include the referral of allegations of sexual abuse or sexual harassment for a criminal investigation.

The agency relies on Policy 2.12 Reportable events as evidence that all referrals of allegations of sexual abuse or sexual harassment for criminal investigation is documented. As written, the policy does not outline sexual abuse and sexual harassment as a reportable event.

The auditor was able to determine that there was no criminal cases of sexual abuse or sexual harassment received during the audit period for the Ferris School for Boys.

During an interview, facility investigator stated that all allegations of sexual abuse and sexual harassment are referred to the Delaware State Police. The auditor was able to interview a Detective with the Delaware State Police who was responsible

for conducting criminal investigations for allegations of sexual abuse and sexual harassment. Delaware State Police reported they have not had any sexual abuse or sexual harassment cases in the last 12 months that occurred at the facility. Delaware State Police stated after getting a report of sexual abuse or sexual harassment the victim would be transported to A.I. Dupont for SANE examination, the SANE kit is turned over to DSP Troop 2, interviews are conducted, evidence is collected. A report is written up along with the SANE kit and an appointment would be scheduled with the Attorney General's office to decide if they will prosecute or not.

The evidence shows that the agency has a policy that outlines the investigation process but does not specifically require that allegations of sexual harassment be referred for investigation, unless the allegation does not involve potentially criminal behavior. The agency Child Sexual Abuse protocol (MOU), does establish a reporting requirement to the appropriate law enforcement for all criminal offenses and documenting that contact. The MOU was located on the agency's website. Based upon this analysis, the auditor finds the facility is not substantially compliant with this provision and corrective action is required.

115.322 (c):

Under this provision the standard requires that if a separate entity is responsible for conducting criminal investigations, does the publication describe the responsibilities of both the agency and the investigating agency. The agency has a policy that is published on the agency's website that identifies the agency and Delaware State Police for conducting joint criminal investigations. As written, the policy does not describe the responsibilities of the agency or Delaware State Police.

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

Corrective Action:

1. Revise Policy 2.13 PREA Section IV, D, to require that all allegations of sexual harassment be referred for investigation.
2. Publish the revised policy on the agency's website that require that all allegations of sexual harassment are to be referred for investigation.
3. Document all referrals.
4. Revise Policy 2.13 PREA Section IV, D to describe the responsibilities of both the agency and Delaware State Police for conducting sexual abuse or sexual harassment criminal investigations. Publish on the agency public website.
5. Train staff on the revised policies.
6. Document that staff have received training on the revised policies.

Best Practice Recommendations:

1. Revise YRS Policy 2.13 Sexual Violence incident form attachment A, B, C, D to include sexual abuse and sexual harassment as defined in PREA Standard 115.6.
2. Revise Policy 2.12 Reportable Events Section III A-5, B-1 to include sexual abuse and sexual harassment as defined in PREA Standard 115.6.
3. Revise YRS Policy 2.12 Reportable Events Critical reportable event form Attachment A and non-critical reportable event form Attachment B to include sexual abuse and sexual harassment as defined in PREA Standard 115.6.
4. Train staff on the revised policies.
5. Document that staff have received training on the revised policies.

Verification of Corrective Action since the audit:

The facility sent the auditor documentation on 6/23/21, 7/02/21, 7/16/21 in response to the corrective action recommendations.

1. Provided revised Policy 2.13 Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (Revised 5/13/21). (11 pages).

2. Provided publication of the revised Policy 2.13 Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (Revised 5/13/21) on the agency's website http://kids.delaware.gov/policies/yrs/2.13_PREA_PrisonRapeEliminationAct.pdf

3. Revised PREA Policy 2.13 Staff Training Roster (6 pages).

The following action were taken: DYRS revised their PREA policy 2.13 on 5/13/21 to reflect that all allegations of sexual abuse and sexual harassment are reported to the child abuse hotline and screened for institutional abuse investigation. Institutional abuse may complete a joint investigation with Delaware State Police for all allegations that involve potentially criminal behavior. Any allegation that Institutional abuse does not investigate will be administratively investigated by facility PREA investigators.

Corrective Action #1, #4, #5, #6

The intent of this corrective action was to ensure that administrative or criminal investigations were referred and completed for all allegations of sexual abuse and sexual harassment. The agency provided a revised PREA policy to the auditor. The agency took action and revised their policy to outline sexual abuse and sexual harassment reporting for investigation. The revised policy requires that all allegations of sexual abuse and sexual harassment be reported to the sexual abuse hotline and screened for institutional abuse investigation. The policy provides that the agency Institutional Abuse may conduct a joint investigation with the Delaware State Police (DSP) for allegations that potentially involve criminal behavior. Any allegation not investigated by Institutional Abuse will be administratively investigated by the facility PREA investigators. The facility provided 6-page training roster that included 51 staff signatures acknowledging that they were trained on the agency's revised PREA policy 2.13. This satisfies the auditor's corrective action requirement.

Corrective Action #2

The intent of this corrective action was to ensure that the agency policy that outlined the referral process for sexual abuse and sexual harassment for criminal investigations was available on the agency's website. The agency provided the auditor with the revised PREA policy and notification that it was posted on the agency's website. A review of the agency website at http://kids.delaware.gov/policies/yrs/2.13_PREA_PrisonRapeEliminationAct.pdf provides that the revised PREA policy is publicly available on the agency's website. This satisfies the auditor's corrective action requirement.

Corrective Action #3

The intent of this corrective action was to ensure that the agency documents all referrals for sexual abuse and sexual harassment. The facility reported they did not have any allegations of sexual abuse or sexual harassment after the onsite audit.

Based on review of the information received, the auditor finds the facility substantially compliant with this standard.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS Policy 2.13.IV.A 2. DSCYF Academy Staff Training 3. Ferris PREA Refresher Training Roster 4. Ferris Staff Roster 5. PAQ Interviews: 1. Random staff 2. PREA coordinator 3. Training administrator 4. PREA compliance manager Findings (by Provision): 115.331 (a)-1-11: All new hires are provided PREA training during their orientation at the Center for Professional Development. All employees are to complete refresher training every two years. Though not required, DYRS has implemented Policy 2.13.IV.A.1.a-c 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 the training to all new DYRS employees during orientation. DYRS staff are to re-new this training every two years. Lastly, 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. The auditors were provided the training material in the PAQ. The initial PREA training is provided in person, and instructions are led utilizing a PowerPoint presentation which is based on the Moss Group training materials for PREA. Located in the Academy Staff Training on slide 4, there is specific language that addresses the agency's Zero-Tolerance Policy. The slide was titled Zero-Tolerance Policy. Underneath, the slide read DYRS commits to full compliance with the Prison Rape Elimination Act (PREA). There are two 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. DSCYF Academy Staff Training PowerPoint Presentation

Subject Matter	Slide Number
Agency's zero-tolerance policy for sexual abuse and sexual harassment	Slides 3-6
Responsibilities of prevention, detection, reporting, and response policies and procedures	Slides 36-55
Right of residents to be free from sexual abuse and sexual harassment	Slide 6
Right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment	Slide 46
Dynamics of sexual abuse and sexual harassment	Slides 26-35
Common Reactions of juvenile victims of sexual abuse and sexual harassment	Slides 33-35
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	Slides 8-17
How to avaoid inappropriate relationships with residents	Slides 70-83
How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities	Slides 42-44
Relevant laws regarding the applicable age of consent	Slides 8-11
How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents	Slides 56-59

Comparison of staff rosters and the PREA training refresher roster, the auditor was able to determine that 48 of 61 staff members had received the PREA refresher training. It should be mentioned that 13 individuals were recently hired and received PREA training through the Center of Professional Development. There were eight individuals that had been hired within the last 12 months that received both the new hire orientation PREA training and the PREA refresher training.

Utilizing the PREA protocols for random staff, the auditors found that all 12 random staff interviewed stated that they had received PREA training at orientation and PREA refresher training. The PREA coordinator provided evidence that medical and mental health practitioners received the required PREA training.

Based on this analysis, the facility is substantially compliant with this provision.

115.331(b)-1-2

During interviews with the PREA coordinator and the training administrator, it was found there was no separate training for female and male facilities. Staff is provided comprehensive training to work with both males and females. Random staff corroborated that cross training is provided to work with both male and female youth. Based on this analysis, the facility is substantially compliant with this provision.

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 information obtained from the Ferris School for Boys' staff, they received PREA trainings. Based on the PAQ and the interview with the PREA coordinator, the PREA refresher training is completed annually. During the interview with the training administrator, it was found that the refresher training is provided online. Based on the information obtained from the PREA compliance manager, the refresher was provided in person and was instructor led.

Review of the staff roster and the PREA refresher training roster, there were 48 out of 61 staff that had completed the PREA refresher training. It should be mentioned there were 13 staff members on the staff roster who had recently been employed,

and they would have been required to take the PREA training during their orientation. There were eight individuals that had been hired during the last 12 months, and they took the PREA refresher training although they recently had taken PREA training during their orientation.

Based on this analysis, the facility is substantially compliant with this provision.

115.331(d)-1

The auditor received a roster of completion of the PREA refresher training, but this information may not have been an electronic verification that the employees understood the PREA training, but rather a verification that the individual participated in the training.

The evidence has proven that staff receive a comprehensive PREA training during orientation. The training meets all PREA standard requirements of 115.331(a). DYRS has exceeded the standard by providing PREA refresher training annually. A substantial number of staff have received PREA refresher trainings. Acknowledgements of understanding for the comprehensive PREA training are maintained in the training database. Based on this analysis, the facility is compliant with this provision.

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

Best Practice Recommendations:

1. Include Zero Tolerance for sexual abuse and sexual harassment and how to report an incident of sexual abuse and sexual harassment in DYRS Policy 2.13.IV.A.1.c.
2. Include on slide 4 of DSCYF Academy Staff Training to include DYRS has a zero tolerance for any incidence of sexual abuse and sexual harassment of youth in our care. Any type of sexual abuse or sexual harassment between youth or any type of sexual abuse or sexual harassment between staff and youth is criminal and prohibited.
3. Maintain a copy of transcripts from Learning Management System in staff files.
4. In DSCYF Academy Staff Training PowerPoint presentation expound on the laws related to the age of consent.
5. Provide documentation in employee file by either employee signature or electronic verification that employees understand the PREA training received in accordance with 115.311(d).
6. During staff training, expound upon the translation/interpretation services available to youth at the facility.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS 2.13.III 2. DYRS 2.13.IV.A.1 3. Roster of Volunteers and Contractors 4. PREA Acknowledgement Form for Hiring/Promotion 5. PREA Training Volunteer/Contractor Acknowledgement Form 6. Sample Orientation Packet Interviews: 1. Volunteers 2. Contractors 3. Volunteer and Contractor Coordinator Findings (by Provision): 115.332 (a):-1-2 According to DYRS 2.13.III, staff is defined as any Department employee, volunteer, contractor, official visitor, or other agency representative. Further in DYRS 2.13IV.A.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. The volunteers and contractors coordinator provided the sample orientation packet which contained the DYRS PREA Policy 2.13. Also, provided was a copy of a completed contractor's signed training roster, PREA Acknowledgement Form for Hiring/Promotion, PREA Training Volunteer/Contractor Acknowledgement Form. In the supplemental files of the PAQ, the auditor was provided a list of volunteers and contractors. The auditor contacted eight volunteers, but there were only four volunteers who participated in the telephone interview. It was stated by three of the volunteers that they had received PREA training during orientation at the facility by staff. Due to the Covid-19 pandemic, the other volunteer could not begin training until they are rescheduled. In the case of contractors, there was one contractor, and the auditor contacted the one in order to assess participation in PREA training. Based on the interview, the auditor determined that the contractor received PREA training. In total, there are 23 volunteers and one contractor at the Ferris School for Boys. The other contractors that provide services are the medical, dental, and mental health practitioners which are monitored by the agency-wide contract manager. The auditor further attempted to assess compliance by interviewing the volunteer and contract coordinator. The auditor determined information was limited due to the volunteer and contract coordinator being transferred into the position at the beginning of the Covid-19 Pandemic. As of March, onsite programs for residents were discontinued at the facility. It should be mentioned that the volunteer and contract coordinator is responsible for contracts that provide activities for residents not the medical or mental health practitioners' contract. The volunteer/contract files were exceptional. The auditors easily determined the status of the file whether inactive or active. The coordinator provided the packet utilized for training of volunteers and contracts. All policies and forms were available in a sample packet. Auditors were able to determine when criminal background checks, child abuse registry, and PREA training was completed. Additionally, there was a checklist in each file to determine the status of each volunteer, intern, and contractor. The packet also contained checklist of completion of each orientation topic referenced on the list was PREA. Included in the packet was a copy of the DYRS PREA Policy 2.13. Based on this analysis, the facility substantially meets compliance in this provision. 115.332(b)-1-2 The auditor determined that volunteers and contractors are provided PREA training that is given to employees. The auditor was provided a sample packet that is utilized to deliver PREA training to volunteers and contractors. Covered in that packet was a copy of the DYRS PREA Policy 2.13. The interview of the volunteers and contractors corroborated that they received training of the Agency's Zero Tolerance for sexual harassment and sexual abuse. They also stated that they were informed on how to report allegations of sexual abuse and sexual harassment. They received the training during their orientation to the

	facility. Based on this analysis, the facility substantially meets compliance in this provision. 115.332 (c)-1 The auditor concluded that the volunteer and contractor coordinator maintains documentation of volunteers and contractors PREA training documentation based on the sample that was provided during the onsite audit. Items collected during the onsite audit was the sample packet. 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. Based on this analysis, the facility substantially meets compliance in this provision. The evidence obtained from the volunteers and contractors coordinator reflected that volunteers and contractors receive PREA training, and the training provided is equivalent to the PREA training provided to employees utilizing the DYRS PREA Policy 2.13. Volunteers and contractors received training on the agency's zero-tolerance policy. The documentation of trainings is documented and maintained by the volunteer and contractor coordinator. Based on this 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: DYRS 2.13.IV.A.2.a-b. 1. Ferris School for Boys Handbook English p. 36-37 2. Ferris School Resident Handbook-Spanish 3. Ferris School Resident Safety Guide-English 4. Ferris School Resident Safety Guide-Spanish 5. PREA Acknowledgement Form-PREA Orientation 6. PREA Acknowledgement Form-PREA Comprehensive 7. PREA Phone Instruction-Spanish Interviews: 1. Intake staff 2. Random resident 3. PREA compliance manager Site Review: 1. Observation of Intake 2. PREA video Findings (by Provision): 115.333 (a): 1-3 According to DYRS Policy 2.13.IV.A.2.a-b, all youth in secure care shall receive PREA orientation and/or training. Specifically, the policy states that during the intake process, youth shall receive information explaining the zero-tolerance rule regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. During intake youth are given a copy of the Ferris School Resident Safety Guide. On the cover of the pamphlet, it states, “The Department of Services for Children Youth and Their Families has a Zero Tolerance for Sexual Abuse/Assault and Harassment.” After the statement, there is definition of zero tolerance. Further in the pamphlet, youth are given the steps on ways to report sexual abuse and sexual harassment. The pamphlet includes the things not to do in case of a sexual assault such as shower, eat, drink, use the bathroom, brush teeth, or change clothes. It also states in the case of sexual harassment to report to staff. On the back of the pamphlet is a list of victim support agencies with contact information. The intake staff detailed that youth receive information about the agency’s zero-tolerance policy during the intake process. Also, youth are given a pamphlet and verbally provided information on how to report incidents or suspicions of sexual abuse and sexual harassment. During the observation of intake, the youth was given the pamphlet, Ferris School resident Safety Guide. At the end of the intake process, youth signed a document confirming receiving and understanding information. The auditor inquired about the PREA training provided to intakes from other facilities or youth who return to the facility. Coincidentally, the intake that was being observed by the auditors was of a youth that returned to the facility. It was found that youth go through the same process as if they were a new admit. Intake staff explained that youth watch a video on PREA. The auditors observed that practice. Further, it was determined from the interview with the intake staff that the PREA compliance manager completes a comprehensive PREA training within days of intake. Youth were asked if they had received the facility’s rules against sexual abuse and sexual harassment during the intake process. Of the 21 youth, there were 21 corroborated they did receive the rules against sexual abuse and sexual harassment. During the file review, the auditors located the Acknowledgement of PREA Orientation Form. Youth and staff are required to sign this document. Based on the analysis, the facility substantially meets compliance in this provision. 115.333(b)-1

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 detailed education. During the onsite, the auditors were provided the Ferris School Resident Handbook and a curriculum of the comprehensive PREA training.

During the interview with the PREA compliance manager, the comprehensive training was explained to include the following items:

1. PREA Video
2. Review Zero Tolerance Policy
3. Explain youth rights.
4. Definitions of sexual harassment/sexual abuse/sexual assault
5. Demonstrate how to report on housing clusters-grievance box and PREA phones.
6. Notify youth staff on PREA committee.
7. Questions/Comments/Concerns
8. Complete Acknowledgement Form

Youth are also provided a Ferris Resident Handbook. The handbook details PREA on pages 36-37.

The auditor inquired of the youth if they were informed about their right not to be sexually abused or sexually harassed. Of the 21 youth interviewed, there were 21 youth who affirmed that they were aware. The auditor questioned the youth if they were aware of how to report sexual abuse and sexual harassment, and the 21 youth said that they were aware. Additionally, they were aware that they had a right not to be punished for reporting sexual abuse or sexual harassment. Youth were asked when they received the information. The youth stated that they learned it during intake. The auditor determined through interview with random youth, intake staff, and PREA compliance manager that youth had received comprehensive training.

Based on the analysis, the facility substantially meets compliance in this provision.

115.333(c)-1-4

During the review of the 21 youth files, all files contained evidence that youth received comprehensive PREA training. All youth files contained evidence that youth received PREA orientation at intake.

The agency policy does not specifically state that youth transferred from another facility shall receive PREA training, rather it says that all youth in secure care will receive PREA training. Stated in DYRS Policy 2.13IV.A.2.a, all youth in secure care shall receive PREA orientation and/or training. The intake staff stated that all intakes are provided PREA orientation in the same manner whether the resident comes from the community or transferred from another facility.

Based on the analysis, the facility substantially meets compliance in this provision.

115.333(d)-1-5

Resident PREA education is available for limited English proficient youth. Spanish is the second language spoken in Delaware. The following items are available at the Ferris School for Boys in Spanish:

- Ferris School for Boys Handbook-Spanish
- Ferris Resident Safety Guide-Spanish

There is an existing contract to provide interpretative and translation services for limited English proficient youth. For youth that are deaf, there are vendors on the state contract that can provide sign language services at no cost to the resident. Ferris School for Boys has the capability to enlarge PREA training materials for youth that are visually impaired. DYRS Policy 2.13.IV.B.6, ensures that youth with disabilities are given the same information to prevent, detect, and respond to sexual abuse and sexual harassment in a format supportive of the disability.

Based on the analysis, the facility substantially meets compliance in this provision.

115.333(e)-1

During the document review, the auditor determined that the facility consistently maintains documentation of resident participation in both orientation and comprehensive PREA training. During review of the youth files, there was documentation maintained in youth files of PREA education. The auditors located the documentation for PREA orientation being completed at intake and documentation of the completion of comprehensive PREA training.

Based on the analysis, the facility substantially meets compliance in this provision.

	115.333(f)-1 Ferris School for Boys consistently ensures that the agency's PREA policy is continuously and readily available. Youth were provided both facility handbook and a residential safety guide. During the site review, the auditor observed that there were limited PREA related posters around the facility and there were few victim advocacy posters. The facility would benefit from additional PREA related and victim advocacy posters. The auditor did not locate any brochures on sexual safety or victim advocacy at the entrance or throughout the building. All information pertaining to contacting the Child Abuse Hotline needed to be updated. During the onsite, the PREA compliance manager was updating the Child Abuse Hotline information. Based on the analysis, the facility substantially meets compliance in this provision. The evidence shows that the Ferris School for Boys consistently provides 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 that the facility does consistently provide comprehensive PREA training within 10 days of intake. The DYRS 2.13 does not specifically state that youth that are transferred are provided PREA training. The agency does provide PREA education in formats that is accessible to all youth including students that are limited English proficient or disabled. Based on the analysis, the facility substantially meets compliance for this standard, and at this time there is no need for corrective action.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS Policy 2.13.IV.1.f-h 2. PAQ/Supplemental Files 3. Certificates for PREA: Investigating Sexual Abuse in a Confinement Setting 4. Certificate for PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigation 5. NIC Website- https://nicic.gov/specialized-training-investigating-sexual-abuse-confinement-settings Interviews: 1. Institutional abuse investigator 2. Facility PREA investigator Findings (by Provision): 115.334 (a): DYRS Policy 2.13.IV.1.f-h does not specifically state that investigators are to be trained in conducting sexual abuse investigations in confinement settings. Cited in the policy, all department staff working directly with or monitoring programs/services of youth in secure and community services must receive PREA training. Further cited in the policy, 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. The training topics are aligned to topics that are covered in either a comprehensive PREA training or refresher for all staff. DSCYF Policy 208 was provided in the PAQ. This policy also does not require that investigators be trained in conducting sexual abuse investigations in confinement settings. The policy outlined the procedures to follow investigating physical/sexual abuse or serious neglect by a DSCYF employee, contractor, and or volunteer. Review of training documents provided through the PAQ and the PREA compliance manager, indicated there were seven certifications for five investigators. There were five certificates for PREA: Investigating Sexual Abuse in a Confinement Setting and there were two certificates for PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations. Both trainings were three hour online trainings. The trainings were provided by the National Institute of Corrections Training (NIC). Based on the analysis, the facility substantially meets compliance with this provision. 115.334 (b)-1 There were three investigators interviewed. One investigator was Institutional Abuse investigator and the two others were facility PREA investigators. All investigators stated that they had received the specialized training in conducting sexual abuse investigations in confinement settings. They stated that they received training in securing the crime scene, criteria for substantiating a case, collecting circumstantial evidence, and interviewing of witnesses and alleged perpetrators. According to the website, the following topics are covered in the three hour online training: • PREA Update and Standards Overview • Legal Issues and Liability • Culture • Trauma and Victim Response • Medical and Mental Health Care • First Response and Evidence Collection • Juvenile/Adult Interviewing Techniques • Report Writing • Prosecutorial Collaboration Based on the analysis, the facility substantially meets compliance with this provision. 115.334(c)-1-2 Uploaded on the PAQ and provided by the PREA compliance manager, there were seven certificates of the trainings

completed by the investigators. The facility provided documentation for all five investigators. Initially on the PAQ, there were three investigators listed, but during the onsite audit, it was determined that there were two additional investigators. As of 04/05/21, there were five investigators identified by the information provided.

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

115.334(d)-1
Auditors are not required to audit this provision.

The evidence shows that there is an existing policy that requires PREA training for all employees. Mentioned in the policy as one of the topics covered in the PREA training is investigations. The policy does not specifically direct that investigators are required to get training in conducting sexual abuse investigations in confinement settings. Verified from the certificates obtained from Ferris School for Boys and the PAQ, all five of the investigators have received PREA training in conducting sexual abuse investigations in confinement settings.

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

All five investigators identified by the facility and the PREA coordinator are trained in investigating sexual abuse in a confinement setting. All investigators were able to recall subject matter in the trainings. The facility and the agency maintain documentation of trainings. The existing policy mentions that staff should be trained in investigations.

Based on the analysis, the facility is substantially compliant in this standard.

Best Practice Recommendations:

1. PREA Policy 2.13 add PREA Investigators are required to complete PREA training in conducting sexual abuse investigations in confinement settings.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS Policy 2.13.III.A 2. DYRS Policy 2.13.IV.A.1. 3. Affirmation of Compliance with Forensic Examinations Standards for Sexual Assault 03/06/2019-Christiana Care Hospital Interviews: 1. Medical staff 2. Mental health staff Findings (by Provision): 115.335 (a): -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 is defined as any Department employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends and other visitors). Further within the 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 is no specific policy related to medical and mental health practitioners receiving specialized training. The specialized training includes: 1. Detection and the assessment of signs of sexual abuse and sexual harassment. 2. The preservation of physical evidence of sexual abuse. 3. Responding effectively and professionally to juvenile victims of sexual abuse and sexual harassment. 4. How and whom to report allegations or suspicions of sexual abuse and sexual harassment. Documented on the PAQ, there were 11 medical staff that worked regularly at the Ferris School for Boys. There are eight medical and mental health practitioners that received the PREA specialized medical and mental health training. The auditors interviewed a mental health practitioner and a medical practitioner. In both cases, the staff members recalled receiving specialized training. Both medical and mental health staff were able to recall some topics from the training. Based on this analysis, the agency substantially meets the provision. 115.335(b)-1 The medical staff at the Ferris School for Boys does not perform forensic medical examinations. For the Ferris School for Boys, forensic examinations are performed at the Christiana Care Hospital or A.I. Nemours Dupont Hospital. In existence, there is an Affirmation of Compliance with Forensic Examinations Standards for Sexual Assault between DYRS and the Christiana Care Hospital. During the interview, medical staff stated that they do not perform forensic medical examinations at the Ferris School for Boys, and it was added that the resident would be taken to the above-named hospitals. Based on this analysis, the agency substantially meets compliance in this provision. 115.335 (c)-1 The agency maintains copies of the specialized training for medical and mental health staff certificates. These were made available through the PAQ. The required training certificates were provided in the PAQ and in the supplemental files. Based on this analysis, the agency substantially meets compliance in this provision. 115.333 (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, is defined as any Department employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends and other visitors). Further within the Policy 2.13IV.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 11 medical and mental health practitioners that worked regularly at the Ferris School for Boys. There were eight medical staff that received the training mandated for employees by PREA Standard 115.331. Based on the analysis, the agency does meet this provision. The evidence provided that the DYRS Policy does not refer to specialized PREA training for medical and mental health practitioners, but the practice of the agency demonstrates that they are given the specialized PREA training for medical and mental health practioners. Medical and mental health practitioners are trained in the PREA training referred in PREA Standard 115.331. Based upon this analysis, the facility does meet PREA Standard 115.335 and corrective action is not required. Best practice recommendation: 1. Add to DYRS Policy 2.13 the requirement of medical and mental health practitioners to receive specialized medical and mental health training in accordance with PREA Standard 115.335(a).

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 Section IV B, 2, (Revised 6/29/17). PREA Risk Assessment Interviews: 1. Staff responsible for risk screening 2. Resident 3. PREA coordinator 4. PREA compliance manager 5. Department Analyst Findings (by Provision): 115.341 (a): In the PAQ, the agency reported 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 Prevention Section IV B, 2, that outlines classification or assessment tools will be utilized to determine supervision needs of youth for the protection of victims and those known to be perpetrators. As written, the policy does not state that it requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents, require that screening is within 72 hours of intake or that residents are reassessed periodically. The facility reported in the PAQ, 114 residents that entered the facility in the past 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. At the time of the onsite audit there were 21 residents admitted to the facility. The auditors reviewed 21 resident PREA screening. In review, 20 out of 21 residents that were screened at intake was completed within 72 hours of admission to the facility. The PREA risk assessment form used provides that the resident is being screened for victimization and abusiveness. During interviews with residents, all 21residents recall being asked questions at intake on the first day related to sexual abuse. During interviews with staff that are responsible for risk screening, mental health and medical staff complete risk screening of residents upon admission to the facility. Staff indicated that screening is provided Monday thru Friday to ensure screening is completed within 72 hours. Staff indicated they use files and the FOCUS database to conduct initial risk screening. When asked how often are resident's risk levels assessed, staff stated risk levels are reassessed every six months. In the PAQ the facility reported the average length of stay was six months. At the time of the onsite audit, two of the 21 residents had been at the facility for more than six months. Both residents were reassessed within six months that confirms that residents are reassessed periodically throughout their confinement. The evidence shows that the agency requires for screening upon admission or transfer and periodic reassessments. Based upon this analysis, the facility is substantially compliant with this provision and corrective is not action is required. 115.341 (b): In the PAQ, the facility reported that a risk assessment is conducted using an objective screening instrument. The facility provided a PREA risk assessment for review. The auditor reviewed the PREA risk assessment and determined that the screening instrument was not objective. The risk assessment does not have a scoring mechanism or scoring guideline that would determine the resident's overall risk of sexual victimization or risk of abusiveness towards others. During interviews with staff that conduct risk screening, the staff stated that they go through the risk screening form on FOCUS. The goal of the risk assessment to determine if they are a heightened risk of being a victim or victimizing other. Ferris is excellent at following their recommendations. Staff indicated they would recommend closest to the staff office or desk.

In review of the risk assessments, 17 residents had PREA related factors identified. However, only 9 had a specific recommendation while the other 8 had no recommendation. Four residents had no PREA related risk factors identified but one was given a specific recommendation. Emails received identified all residents being at risk for victimization and abusiveness but only 11 received a recommendation generated by the screener.

The risk assessment is comprised of a series of questions and information about the resident but does not yield an outcome that could be used to inform staff of supervision needs for housing, bed, education and program placement.

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

115.341 (c):

The auditor was able to review the PREA risk assessment provided by the agency. Upon review, the risk assessment contains all eleven key components of the initial PREA risk assessment.

During an interview with staff responsible for conducting risk screening, when asked what does the initial risk screening consider, staff indicated they go through the risk screening form on FOCUS.

The evidence shows that all of the criteria for the PREA risk screening is included in the risk assessment instrument

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 Section IV titled prevention B. 2, outlines that classification or assessment tools will be utilized to determine supervision needs of youth for the protection of victims and those known to be perpetrators.

During an interview with staff that conduct risk screening, when asked how is information ascertained, staff stated all the information is on the resident's face sheet. It is noted that the mental health staff conduct risk assessment screening at intake. All the information is located in the FOCUS database.

Based upon this analysis, the facility is substantially compliant with this provision and 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, 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 the psychologist is the only one that has risk assessment access through FOCUS. During an interview with staff that conduct risk screening, staff stated the recommendations would go to the superintendent, assistant super intendent and program manager. Department Analyst stated that the mental health staff and the superintendent has access to risk assessments and access is limited. During an interview with the PREA compliance manager, he confirmed that mental health has access. During the onsite review, the auditor was able to determine 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 assistant superintendent.

The evidence shows that the agency has controlled the level of access that each staff has in the FOCUS database to control and protect sensitive information.

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

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

Corrective Action:

1. Revise Policy 2.13 PREA Section IV Section IV B, 2, to include requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. Revise PREA policy to include, require that screening is within 72 hours of intake and require that residents are reassessed periodically.
2. Develop a scoring mechanism or scoring guideline that would determine a resident's overall risk of sexual victimization or risk of abusiveness towards others for all of the questions on the PREA Risk Assessment.
3. Train staff on revised policy.
4. Document staff have received training.

Best Practice Recommendations:

1. Revise PREA Policy 2.13 to include how many days after initial risk assessment that a reassessment is to be completed.
   Verification of Corrective Action since the audit:

   The facility sent the auditor documentation on 7/2/21, 7/16/21, 8/8/21 in response to the corrective action recommendations.

   1. Provided revised Policy 2.13 Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (Revised 5/13/21). (11 pages).

   2. Revised PREA Policy 2.13 Staff Training Roster (6 pages).

   3. Developed PREA Recommendation Decision Tree (2 pages).

   4. PREA Recommendation Decision Tree Staff Training acknowledgement (2 pages).

   The following action were taken: DYRS revised their PREA policy 2.13 on 5/13/21 to reflect 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. Upon intake, staff will ask the youth their gender identify. 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. Residents are reassessed every six months thereafter. The agency developed a decision tree that would determine a resident's overall risk of sexual victimization or risk of abusiveness towards others for all of the questions on the PREA Risk Assessment

   Corrective Action #1, #3, #4

   The intent of this corrective action was to ensure that upon admission or transfer to another facility, residents were screened within 72 hours for risk of sexual victimization and risk of sexual abusiveness towards other residents. Residents are reassessed periodically. The facility provided 6-page training roster that included 51 staff signatures acknowledging that they were trained on the agency's revised PREA policy 2.13. This satisfies the auditor's corrective action requirement.

   Corrective Action #2, #3, #4

   The intent of this corrective action was to ensure that the risk assessment was conducted using an objective screening instrument that determined an overall risk of sexual victimization or risk of abusiveness towards other residents. The agency developed a PREA Recommendation Decision Tree (2 pages) that was objective and provided an assignment decision based on the responses to the risk assessment screening factors. Staff conducting risk assessment screening was provided training on how to use the objective screening instrument and decision tree to inform staff on housing, bed, work, education and program assignments. The auditor reviewed two training acknowledgements from staff that indicated they had been trained on the PREA Risk Assessment recommendations and decision tree and acknowledged that they understood what was discussed and the documents that were provided. This training satisfies the auditor's corrective action requirement.

   Based on review of the information received, the auditor finds the facility substantially compliant with this standard.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 (Revised 6/29/17). 2. Division of Youth Rehabilitative Services Professional Practices Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Policy 2.20 Sections IV (Revised 3/5/19). 3. Resident Files Interviews: 1. PREA compliance manager 2. Staff responsible for risk screening 3. Superintendent 4. Medical and mental health staff Site Review Observation: 1. Observation during onsite review of physical plant Findings (by Provision): 115.342 (a): In the PAQ, the facility reported that they use information from the risk screening to form housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The agency relies on PREA Policy 2.13 Section IV Titled protection B, 3, that outlines protective supervision includes housing decisions, movement throughout the facility, all routine and non-routine activities. LGBTQI Policy 2.20 Sections IV Titled special considerations E, 1, 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 does the facility use information from the risk screening during intake to keep residents safe and free from sexual abuse, staff stated Mental Health provide the recommendation. During interviews with staff responsible for risk screening, when asked how does the facility use information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment, staff stated they have meeting about where kids would be placed and room assignment are not made until they are in the building. When asked about residents on Administrative Intervention, staff stated they may be placed in a quiet room. The auditor was able to determine that residents identified as having a PREA risk related factor are not provided any 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. The evidence shows that the facility has not demonstrated how the information obtained from the risk assessment is used to inform them of housing, bed, education and program assignments that would keep residents safe and free from sexual abuse. The facility will need to develops an objective screening instrument as required in 115.341, so they will be better informed on what housing, bed, education and program assignments are safe for all residents. Based upon this analysis, the facility is not substantially compliant with this provision and corrective action is required. 115.342 (b): In the PAQ, the facility reported they have a policy for residents at risk of sexual victimization 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 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. LGBTQI Policy 2.20 Sections IV Titled special considerations E, 1, c, outlines that LGBTQI residents may be isolated from others only as a last result and only until less restrictive means of keeping resident safe can be arranged and during any

period of isolation resident shall not be denied daily large-muscle exercise, legally required programming or special education services.

In the PAQ, the facility reported that in the past 12 months there was 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 mental health and medical staff, when asked do residents in isolation receive visits from medical and mental health care, staff stated all residents receive visit by the mental health clinicians daily and we also use facetime. There is an Administrative Intervention sheet that documents who saw them. During interviews with the superintendent, when asked are residents only isolated from others as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged, staff stated we have two residents on Administrative Intervention but not for being at risk of sexual victimization.

During the onsite review, the auditor was able to observe the housing unit pods that is utilized for administrative intervention. The Ferris School had secure housing unit entrances, cells and exits. All areas require a key or remote access to enter. The auditor was able to have an informal interview with residents on the isolation unit. The auditor reviewed two observation logs of residents that were in isolation. The observation log for administrative intervention provides a detailed tracking of the resident, date, time, activity observed, and staff assigned to the resident.

The evidence shows the facility does isolate residents at the facility which was verified through interview, observation, policy and documentation review. Residents in isolation receive daily visits from medical or mental health care clinician and a review within 30 days as provided in the standard and the agency policy. The evidence shows that residents are provided educational packets which is documented on the observation log but no instructor driven educational services is provided on the unit. No documentation was provided that could confirm the agency's practice of providing daily access to large-muscle exercise. The evidence shows that there were no residents at risk for sexual victimization placed in isolation in the 12 months preceding the onsite audit.

The facility will need to develop an objective screening instrument as required in 115.341, so they will be better informed on residents that may be at risk of victimization that would require isolation.

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

115.342 (c):

In the PAQ, facility reported they prohibit placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. Also, the facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The agency relies on LGBTQI Policy 2.20 Section IV E, 1,d, that outlines LGBTQI youth shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall DYRS consider lesbian, gay, bisexual, transgender or intersex identification or status as an indicator of likelihood of being sexually abusive.

During an interview with the PREA coordinator, when asked does the facility have special housing units for lesbian, gay, bisexual, transgender or intersex residents, staff stated they did not. During interview with the PREA compliance manager, when asked does the facility have special housing units for lesbian, gay, bisexual, transgender or intersex residents, staff stated there is no special housing for transgender residents.

At the time of the onsite audit, the auditor reviewed resident files and housing unit placements for all residents. There were no residents placed in a housing assignment solely based off of their identification status. There were no special housing units solely for LGBTQI residents.

Based on the evidence the facility does not have a special housing for LGBTQI residents or consider identification status as a likelihood of being sexually abusive this was verified by policy, interviews, resident files and onsite observation.

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

115.342 (d):

In the PAQ, the facility reported they make housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis.

Agency LGBTQI Policy 2.20 Section IV E, 1,d, outlines that DYRS shall consider on a case-by-case basis whether to assign a transgender or intersex youth to a facility and whether placement would ensure the youth's health, safety or present a management or security problem.

During an interview with the PREA compliance manager, when asked how does the facility determine housing and program

assignments for transgender or intersex residents, staff indicated they cater to the resident's needs. During an interview with mental health, staff stated there were no residents at the facility that identified as LGBTQI.

Prior to the onsite review, the auditor reviewed the facility website and obtained information that the facility housed only male residents. During the onsite review, the auditor observed only male residents at the facility. There were no female residents at the facility during the onsite audit.

The evidence shows that the facility makes housing and program assignments for transgender and intersex residents on a case-by-case basis which is verified by PAQ, policy, interview, website and onsite review.

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

115.342 (e):

In the PAQ, the facility reported placement and programming assignments for each transgender or intersex resident shall be assessed at least twice each year to review any threats to safety experienced by the resident.

Agency LGBTQI Policy 2.20 Section IV E, 1, f, outlines that placement and programming assignments for each transgender or intersex youth shall be reassessed by the interdisciplinary team at least twice each year to review any threats to safety experienced by the youth.

During an interview with the PREA compliance manager, when asked how often are placement and programming assignments for each transgender or intersex resident reassessed to review any threats to safety experienced by the resident, the staff indicated that they would reassess but did not indicate how often. During interview with staff that are responsible for risk screening, when asked often are placement and programming assignments for each transgender or intersex resident reassessed to review any threats to safety experienced by the resident, staff stated every six months unless there is an incident that requires reassessment.

During the onsite audit, the auditor reviewed 21 resident files and was able to determine there were no residents that identified as transgender or intersex.

The evidence shows that each transgender or intersex resident shall be assessed at least twice each year which is verified through PAQ, policy, interviews and documentation review.

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

115.342 (f):

In the PAQ, A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Agency LGBTQI Policy 2.20 Section IV E, 1, g, outlines that a transgender or intersex youth's views with respect to his or her own safety shall be given serious consideration.

During an interview with the PREA compliance manager, when asked are transgender or intersex residents own views with respect to his or her own safety given serious consideration when making placement and programming assignments, staff stated yes. During an interview with staff responsible for risk screening, when asked are transgender or intersex residents own views with respect to his or her own safety given serious consideration in placement and programming assignments, staff stated yes.

During the onsite audit, the auditor reviewed 21 resident files and was able to determine there were no residents that identified as transgender or intersex.

The evidence shows that each transgender or intersex resident views are considered which is verified by PAQ, policy, and interviews.

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

115.342 (g):

In the PAQ, transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Agency LGBTQI Policy 2.20 Section IV F, outlines that transgender and intersex youth shall be given the opportunity to shower and use the bathroom separately from other youth.

During an interview with the PREA compliance manager, when asked are transgender or intersex residents given an opportunity to shower separately from other residents, staff stated yes all residents are able to shower separately. During an interview with staff responsible for risk screening, when asked are transgender or intersex residents given the opportunity to

shower separately from other residents, staff stated yes everyone showers separately.

During the onsite review, the auditor observed the showers are separate and all residents shower separately. Only one resident may shower at any given time.

During the onsite audit, the auditor reviewed 21 resident files and was able to determine there were no residents that identified as transgender or intersex

The evidence shows that each transgender or intersex resident are given an opportunity to shower separate from other residents which is verified by PAQ, policy, interviews and onsite observation.

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

115.342 (h):

In the PAQ, the facility reported 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 an interview, the superintendent stated they have two residents in Isolation but not for risk of sexual victimization.

During the onsite review, the auditor did observe any housing unit pods that had rooms utilized for isolation. A review of 21 resident files did not reveal that residents were placed in isolation as outlined in this provision.

The evidence shows the facility does isolate residents at the facility which was verified through interview, observation, and documentation review.

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

115.342 (i):

In the PAQ, every 30 days, the facility shall afford each resident described in paragraph h of this section a review to determine whether there is a continuing need for separation from the general population.

Agency LGBTQI Policy 2.20 Section IV E, I, outlines that every 30 days the facility shall afford each youth in isolation a review to determine whether there is a continuing need for separation from general population.

During an interview, the superintendent stated they have two residents in Isolation but not for risk of sexual victimization.

During the onsite review, the auditor did observe any housing unit pods that had rooms utilized for isolation. A review of 21 resident files did not reveal that residents were placed in isolation as outlined in this provision.

A review of the observation logs provides that residents in isolation are given a review daily.

The evidence shows the facility does isolate residents at the facility which was verified through interview, observation, and documentation review, 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. This was verified through interview, observation, and documentation review.

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

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

Corrective Action:

1. The facility will need to develop an objective screening instrument as required in 115.341, so they will be better informed on residents that may be at risk of victimization that would prompt isolation placement.

Best Practice Recommendations:

1. Provide Residents on administrative intervention, protective custody, Isolation and room confinement daily access to large-muscle exercise, legally required educational services and special education services as provided in the agency policy and consistent with the standard.

2. Document when daily access to large-muscle exercise and educational services are provided to residents on the observation log.

Verification of Corrective Action since the audit:

The facility sent the auditor documentation on 7/16/21, and 7/23/21 in response to the corrective action recommendations.

1. Population Room Chart (34 pages).
2. PREA Risk Assessments (95 pages) (24 Risk Assessments).
3. Developed PREA Recommendation Decision Tree (2 pages).
4. PREA Recommendation Decision Tree Staff Training acknowledgement (2 pages).

The following action were taken: The agency developed an PREA recomendation Decision Tree that would inform staff on housing, bed, work education and program placement. Facility provided auditor with general population room chart and PREA Risk Assessments.

Corrective Action #1

The intent of this corrective action was to ensure that the risk assessment was conducted using an objective screening instrument that determined an overall risk of sexual victimization or risk of abusiveness towards other residents. The information obtained from the objective Risk Assessment would inform facility staff on housing, bed, work, education and program assignments. Would inform facility staff on residents that may be at risk of victimization that would prompt isolation placement in isolation. The agency developed a PREA Recommendation Decision Tree (2 pages) that was objective and provided an assignment decision based on the responses to the risk assessment screening factors. This decision tree satisfies the auditor's corrective action requirement. The auditor reviewed two training acknowledgements from staff that indicated they had been trained on the PREA Risk Assessment recommendations and decision tree and acknowledged that they understood what was discussed and documents provided. A review of 24 risk assessment reveal that residents are screened and the information from the risk assessment inform staff on how to place residents. A review of the population room chart reveals that residents are appropriately placed. This information satisfies the auditor's corrective action requirement.

Based on review of the information received, the auditor finds the facility substantially compliant with this standard.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 Section C, 2, d (Revised 6/29/17). 2. Ferris School for Boys Handbook English (7/24/2020) 3. Ferris School for Boys Handbook Spanish (1/1/2019) 4. Ferris School Resident Safety Guide English 5. Ferris School Resident Safety Guide Spanish 6. Title 10 Courts and Judicial Procedure 7. Division of Youth Rehabilitative Services Prisoner Professional Practices Reportable Events 2.12 III.B.1, IV.B.3.b (Revised 6/27/14). 8. PREA Academy Training Manual 9. Agency Website www.kids.delaware.gov/yrs/prea Interviews: 1. Random staff 2. Resident 3. PREA compliance manager Site Review Observations: 1. Observation during onsite review of physical plant Findings (by Provision): 115.351 (a): In the PAQ, the agency reported 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. The agency provided Policy 2.13 Division of Youth Rehabilitative Services (DYRS) Prisoner Rape Elimination Act, Section II titled Policy, (pp.1-3) which states that each facility will develop procedures that define the multiple ways for residents to privately report sexual abuse, sexual harassment and or retaliation by other residents but does not state developing ways for residents to privately report sexual abuse, sexual harassment and or retaliation by staff. This provision relates to resident reporting but the policy language in Section C, 2, d, reference how staff can report sexual abuse, harassment and staff neglect or violation of responsibilities that may have contributed to any of these incidents which is an element of the provision required for residents. The policy states how to confidentially access phones to report child abuse, how to initiate an emergency grievance, and tools necessary to make a written report. The policy provides youth can report any sexual contact between two youth or staff member and a youth to any staff, family member, probation officer, child abuse hotline or police agency, or the Child abuse hotline that serve as the designated 24-hour, seven days a week resource for youth to report while a resident of the program. The Ferris School for Boys Resident Handbook outlines residents can report sexual abuse or misconduct to any staff, family member child abuse hotline or police. During the site review the auditor observed telephones in each housing unit that was designated for the residents to call the hotline and family. The phone is located in a common area on the cluster base and pods that is accessible to all residents and staff. This area provides very little privacy. The Ferris School Resident Safety Guide provides that residents can report sexual abuse and sexual harassment to a nurse, supervisor, treatment specialist, program manager, psychologist, teachers, security staff, other staff members at the facility, filing an emergency grievance and child abuse hotline Option #4. During the onsite review, the auditor did not observe posting with the outside victim advocate number but did observe the PREA hotline number and information on how to report that included calling the hotline 1-800-292-9582 or 7735. During Interviews with random staff, all 12 staff interviewed stated that residents have multiple ways to report sexual abuse, sexual harassment, retaliation and neglect. Staff stated residents can report by notifying a supervisor and calling the PREA hotline. During Interviews the auditor asked all of the residents about the multiple ways they can make a report, 18 out of 21 stated

they could call the PREA hotline, four out of 21 stated they could write a grievance, 1 out of 21 stated they could tell a family member and 5 out of 21 stated they could tell family member.

The evidence shows that the facility has provided multiple ways for a resident to report sexual abuse, sexual harassment, retaliation, and staff neglect or violation of responsibilities which was verified through handbook, policy, resident interviews, staff interviews, PREA phone and posting in the housing units.

Based upon this analysis, the facility is not substantially compliant with this provision and 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 Delaware code prohibits detention of persons for civil immigration purposes.

The agency relies on PREA Policy 2.13, which states that a resident can make a complaint about sexual contact to a family member, child abuse hotline or police agency. The child abuse hotline is a designated 24-hour, seven days a week resource for residents to report abuse. In a memorandum of agreement, Survivors of Abuse in Recovery (SOARS) has partnered with the Department of Services for Children, Youth and Their Families to provide survivors of sexual abuse with emotional support services. The facility did not provide any information posted or in written format that would establish residents knew of the way in which they could contact SOARS a third-party victim advocate. 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 PREA compliance manager stated residents have access to call the hotline, write a grievance for an immediate response or tell a staff member

During the onsite audit, auditors were able to speak with SOARS Executive Director, regarding their contact and services with the facility. Staff at SOARS confirmed that they have a memorandum of agreement with the facility to provide victim advocate for emotional support but have not had any contact with any residents at the facility. When asked how does a resident contact your agency, the SOARS staff stated they would call (302)-655-3953 and after the prompts select extension 1 for the intake department. When asked if the agency would receive a report of sexual abuse and sexual harassment from a resident at the facility, SOARS staff indicated they were not the appropriate party to report and it is not a part of their formal agreement. The agency stated that they are mandated reporters and if a resident provides a report, they would report it but their line is for someone seeking services.

During Interviews the auditor asked all of the Residents about at least one way they could report sexual abuse or sexual harassment that is not a part of the facility,1 out of 21 stated they could call the PREA hotline, three out of 21 stated they knew but did not provide a response, 1 out of 21 stated they did not know, 15 out of 21 tell a family member and 1 out of 21 stated they could tell a staff member. None of the residents knew about contacting SOARS at an outside agency.

During the onsite review, the auditor did not observe posting with the outside victim advocate number but did observe the PREA hotline number and information on how to report that included calling the hotline 1-800-292-9582 or 7735 #4. The auditor tested the hotline number on every housing unit cluster and pod and was able to contact the PREA hotline.

The evidence shows that the facility has provided at least one way for a resident to report sexual abuse and sexual harassment which was verified through interviews, memorandum, policy, posting in the housing units. The agency 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.

Based upon this analysis, 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 that outlines staff are required to report any allegations or instances of non-consensual sexual acts, abusive sexual contact, and sexual harassment to the child abuse hotline at 800-292-9582 and Reportable events Policy 2.12 requires staff to report in 24 hours. As written, the policy does not mandate that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties

During Interviews with random staff, all 12 staff stated if a resident alleges sexual abuse and sexual harassment they can do so verbally, in writing anonymously and through third parties, 7 out of 12 staff said they would report and document this immediately,

During Interviews with 21 Residents, 18 out of 21 residents said they knew they could make a report of sexual abuse or

sexual harassment in person or in writing.

The evidence shows that the facility has a policy but it does not specifically mandate that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Interviews with staff are consistent with the requirements of the provision and interviews with residents verifies they knew they could make a report in person or in writing.

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

115.351 (d):

In 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

Agency PREA Academy Training outlines that residents can make written reports verbally or in writing by telling any staff member, contractor or volunteer. Calling the DYRS reporting line #7735 #4 or ask someone else to report on their behalf.

During an interview, the PREA compliance manager stated that residents are made aware of the grievance process and the drop boxes that are checked in the hallway. PREA is not processed as a grievance but addressed immediately.

During the onsite review, the auditor did not observe posting with the outside victim advocate number but did observe the PREA hotline number and information on how to report that included calling the hotline 1-800-292-9582 or 7735 #34.

The evidence shows that the facility provides residents access to make written reports through staff, PREA hotline and grievance form which was verified through interviews, posting in the housing unit, grievance forms, and PREA academy training documents.

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

115.351 (e):

In the PAQ, the agency reported that they established procedures for staff to privately report sexual abuse and sexual harassment of residents and staff are informed of these procedures through staff training.

The agency relies on PREA Policy 2.13 that states procedures must outline how staff can make reports of sexual abuse and sexual harassment confidentially. The agency provides that all staff are required to report any allegations and instances of non-consensual sexual acts, sexual abusive contact and sexual harassment to the Child abuse hotline 800-292-9582.

Agency PREA Academy Training outlines that staff can privately report through their chain of command, facility administrator, PREA coordinator, Child Abuse hotline 800-292-9582 and submitting an anonymous administrative report. A review of the agency website, provides information for the public to the Child Abuse hotline number 800-292-9582 or contact local law enforcement to report any sexual abuse or sexual harassment allegations regarding any DYRS youth.

During Interviews with 12 random staff, all 12 staff reported that they can privately report through the PREA hotline and to their supervisor.

The evidence shows that the agency has an established procedure for staff to privately report sexual abuse and sexual harassment of residents through calling PREA hotline, making an anonymous administrative report, talking with a supervisor, administrator or PREA coordinator which was verified through interviews, training documentation, postings, and agency website.

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

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

Corrective Action:

1. Revise the PREA Policy 2.13 Section IV C 1 a-b, to include a mandate that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.
2. Revise the PREA Policy 2.13 Section IV C, 2, c, to include staff neglect or violation of responsibilities that may have contributed to any of these incidents.
3. Establish a procedure or revise the PREA Policy 2.13 Section IV C to include ways for residents to privately report sexual abuse, sexual harassment and or retaliation by staff.
4. Train staff on the policy revisions.
5. Document staff training.

Best Practice Recommendations:

1. Educate residents on how to contact third-party Survivors of Abuse in Recovery SOARS.
2. Document that residents have been educated on SOARS.

Verification of Corrective Action since the audit:

The facility sent the auditor documentation on 7/15/21 and 7/16/21 in response to the corrective action recommendations.

1. Provided revised Policy 2.13 Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (Revised 5/13/21). (11 pages).
2. Revised PREA Policy 2.13 Staff Training Roster (6 pages).

The following action were taken: DYRS revised their PREA policy 2.13 on 5/13/21 to reflect that staff accept any report of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. 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, sexual 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 hotline.

Corrective Action #1 through #5

The intent of this corrective action was to ensure that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties; to include staff neglect or violation of responsibilities that may have contributed to any of these incidents; to include ways for residents to privately report sexual abuse, sexual harassment and or retaliation by staff. The facility provided six-page training roster that included 51 staff signatures acknowledging that they were trained on the agency's revised PREA policy 2.13. This satisfies the auditor's corrective action requirement.

Based on review of the information received, the auditor finds the facility substantially compliant with this standard.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 (Revised 6/29/2017). 2. Ferris School for Boys Resident Handbook (7/24/2020) 3. Emergency Grievance Form Attachment B Policy 5.9 4. Youth Grievance Complaint Procedure Policy 5.9 Section II Titled Procedure P, page 2, (effective 9/4/2012) 5. Ferris School Resident Grievance Complaint Form 6. Ferris School Emergency Grievance Form 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 address resident grievances regarding sexual abuse. All allegations of sexual abuse are called in to the hotline. All staff are mandatory reporters of sexual abuse to the hotline. The auditor reviewed Agency policy 5.9 Youth Grievance policy Section II Titled procedures P page 2, that outlines that all allegations of child abuse will conform to the State of Delaware's Mandatory reporting requirements and are not subject to the grievance procedures. Child Abuse Hotline (800)-292-9582. The Ferris School for Boys Resident Handbook does not outline a PREA grievance process and procedure for filing a PREA grievance complaint. The auditor was able to review 31 Ferris School Resident Grievance Complaints and five Ferris School emergency grievance complaints and there was no information presented on the grievance form that indicated that the form was used for an allegation of sexual abuse. During an interview, the Grievance staff stated they have a process for residents to file a grievance and an emergency grievance. The Grievance staff explained the process if a resident wants to make a complaint on the grievance form. When the resident submits the complaint, the Grievance staff will process the form to the program manager, if the complaint is not resolved the grievance would proceed to step II with the assistant superintendent, if the complaint is not resolved it will go to the Superintendent for a final decision. Any staff can help a resident make a complaint by calling the Child Abuse hotline. Residents can also have their family report via the hotline. The evidence shows that the agency does not have an administrative procedure for processing grievances regarding sexual abuse. This was verified by policy, interviews with Grievance coordinator, and resident handbook. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 Section IV E page 9, (Revised 6/29/17). 2. Title 10 Courts and Judicial Procedure 3. Memorandum of Agreement Between the Division of Youth Rehabilitative Services and Survivors of Abuse in Recovery, Inc. (3/11/19). 4. Division of Youth Rehabilitative Services State Managed Facilities Mail, Telephone and Visitation Policy 5.24 (Effective 6/1/15). 5. Ferris School Resident Safety Guide English 6. Ferris School Resident Safety Guide Spanish 7. Ferris School for Boys Handbook English (7/24/2020) 8. Ferris School for Boys Handbook Spanish (1/1/2019) 9. Ferris School for Boys Visitation 15.4 (2/25/2019) 10. Ferris School for Boys Communication with Attorney 15.3 (9/15/2016) 11. Ferris School for Boys Access to phone (with Notations added) 15.2 (9/21/2016)Ferris School for Boys Resident Access to Mail 15.1 (9/21/13) Interviews: 1. Resident 2. Superintendent 3. PREA compliance manager 4. Survivors of Abuse in Recovery (SOARS) Director Site Review Observation: 1. Observation during on-site review of physical plant Findings (by Provision): 115.353 (a): In the PAQ, the agency 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 provides residents access for reasonable communication to these organizations in as confidential manner as possible. The agency reported they do not provide information for immigrant services because they prohibit detention of persons for civil immigration purposes. The agency relies on Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 Section IV E page 9, 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 will enter into a memorandum of agreement with one or more such agencies to ensure statewide service agreement but does not identify the agency by name. Neither the PAQ nor the policy provided any documentation for enabling reasonable communication to these organizations 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. The Ferris School Resident Safety Guide provides that residents can call Survivors of Abuse in Recovery 302-655-3953 with a website address http://soarinc.com/, Brandywine Counseling and Community Services 302-656-2348 http://www.brandywinecounselin.org/, Delaware Guidance Services http://delawarguidance.org/, Delaware Renaissance http:/www.delren.org/, AIDS Delaware 302-652-6776 http://aidsdelaware.org/ for victim support. During the site review, the auditors did not observe any postings for victim advocacy or rape crisis organizations in the housing unit clusters or pods, library, classrooms, food service, visiting area, or lobby.

During interviews with residents, 12 out of the 21 of residents stated they knew about the agency's outside victim advocates for emotional support services but could not provide the name of the agency, none of the 21 residents knew about or how to receive the mailing addresses or phone numbers for contacting SOARS, a victim advocate or rape crisis organizations and was unaware of a toll free number for the outside victim advocacy agency SOARS, none of the 21 residents knew about communicating to this organization confidentially.

Prior to the onsite audit, the auditor tested the SOARS telephone number at (302)-655-3953 and was taken through a series of prompts to leave a message. During the onsite audit the auditors were able to speak with SOARS Executive Director regarding their contact and services with the facility. Staff at SOARS confirmed that they have a memorandum of agreement with the facility to provide victim advocate for emotional support but have not had any contact with any residents at the facility. When asked how does a resident contact your agency, the SOARS staff stated they would call (302)-655-3953 and after the prompts select extension 1 for the intake department.

The evidence shows that the agency has a policy that establishes that residents will be provided access to outside victim advocates for emotional support services related to sexual abuse and make available agency contact information. As written the policy does not provide any information about the confidentiality between residents and outside victim advocates. The auditor did not observe any information that would provide residents with the victim advocate for emotional support. Residents interviewed could not provide the auditor any information about SOARS including their telephone number, mailing address or the level of confidentiality of communication between the agency and resident. The Ferris School for Boys resident's handbook did not provide any information to the residents about SOARS or any other outside victim advocate for emotional support related to sexual abuse. The Ferris School for Boys PREA Safety Guide did prove information to residents about SOARS and other outside victim advocates. 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.

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

115.353 (b):

In 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. The facility reported 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

During interviews with 21 residents, none of the residents were informed that conversations with outside support services would be monitored, the mandatory reporting rules regarding privacy and confidentiality, disclosures of sexual abuse made to outside victim advocates including any limits to confidentiality.

The evidence shows that not all residents interviewed were informed of the communication monitoring with SOARS or mandatory reporting limits to confidentiality with outside support services.

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

115.353 (c):

In the PAQ, the facility reported that they maintain memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

The agency provided a copy of the Memorandum of agreement between the Division of Youth Rehabilitative Services and Survivors of Abuse in Recovery, Inc (SOARS). The Memorandum of agreement outlines that SOARS will provide victims of sexual abuse direct mental health services including crisis intervention, emotional support, information or referrals.

The evidence shows that the agency and SOARS has entered into a memorandum of agreement on 3/11/19 that outlines SOARS will provide victims of sexual abuse direct mental health services including crisis intervention, emotional support, information or referrals.

Based upon this analysis, 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 Mail Telephone and Visitation, Ferris School Visitation, Ferris School Communication with Attorney, Ferris School Access to Phone, outlines that residents can contact their attorney at any reasonable time excluding weekends and holidays. The policy also outlines that attorney's clergy, government officials, legislators and family may be approved for visitation by the superintendent. All residents can send sealed correspondences to courts, counsel,

administrators of agency, probation officers and others approved by the Program Manager of the cluster. All residents have access to their attorney through the phone and mail and this communication is uncensored and private. All youth will receive visitation on a regularly scheduled basis and are entitled to weekly visits, regardless of status. No youth will have visitation restricted except where the Superintendent can provide substantial justification for the restriction. All resident have available telephone access regardless of program status. To maintain family and community ties, as well as access to attorneys and other support services with reasonable amount of privacy

During interviews, the Superintendent stated the facility provides residents access to their Attorney visiting on zoom and staff sit outside the door. We have visits couple times a week onsite beginning March 17 and facetime with family.

During interview, the PREA Compliance Manager stated that Pre-Covid they had in person visits. If the resident was to speak to their attorney or write a letter they can. Residents get weekly phone contact with their parents and visitation just started back. Covid- facetime is though our GTL phone system and all calls on GTL is recorded.

During interviews with Residents, 20 out of 21 residents knew that they could make a private call to their attorney, all 21 residents knew that they could contact their families through facetime.

During the onsite review, the auditor observed a resident on a facetime call with family and a resident on a confidential call with an attorney in the program managers office.

The evidence shows that agency policy provides that residents can make confidential calls to their attorney through and have contact with a parent through phone calls and visits. Facility staff stated that residents are allowed access to their attorney though zoom and parents through phone calls, facetime visits and in person visits. The residents knew that they were allowed access to contact their attorney privately and visit with their parents through a facetime call.

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

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

Corrective Action:

1. Revise PREA Policy 2.13 Section IV, E, 2 to include that reasonable access for communication between residents to these organizations in as confidential manner as possible.
2. Train staff on the revised policy.
3. Document staff have received the training.
4. Educate all residents on the services provided by Survivors of Abuse in Recovery (SOARS) victim advocate for emotional support related to sexual abuse, contact information for the agency telephone, mailing address and inform residents of the mandatory reporting and limits to confidentiality.
5. Provide posting or otherwise making victim advocate for emotional support available to residents that would include mailing addresses, phone numbers for rape crisis and victim advocate organizations.
6. Document that all residents have received the education on SOARS.

Best Practice Recommendations:

1. Provide a mailing address on posting for Survivors of Abuse in Recovery (SOARS).
2. Revise Ferris School for Boys resident's handbook to include information on victim advocate for emotional support related to sexual abuse including reasonable communication between residents and agency in as confidential manner as possible.
3. Update the Ferris School for Boys resident's handbook Spanish to the current version revised July 24, 2020.
4. Provide SOARS information at intake and during comprehensive education for residents.
5. Reestablish the communication between the agency and SOARS as outlined in the memorandum of agreement.

Verification of Corrective Action since the audit:

The facility sent the auditor documentation on 7/2/21, 7/15/21, 7/16/21, 8/8/21 in response to the corrective action recommendations.

1. Provided revised Policy 2.13 Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (Revised 5/13/21). (11 pages).
2. Revised PREA Policy 2.13 Staff Training Roster (6 pages).
3. Resident SOAR Training Roster (2 pages).
4. SOAR Education Brochure (2 pages).

5. SOAR Education Brochure available at Facility (3 pages).

The following action were taken: DYRS revised their PREA policy 2.13 on 5/13/21 to reflect all youth shall be made aware of community agencies, addresses and contact numbers of victim advocated that provide emotional support services related to sexual abuse. The Division shall maintain a Memorandum of Agreement with one or more such agencies to ensure statewide service agreement. Communication between residents and these agencies will be in as confidential manner as possible. Residents will be informed 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.

Corrective Action #1 through #6

The intent of this corrective action was to ensure that residents have reasonable access to outside victim advocate organizations and communication between residents to these organizations is in a confidential manner as possible and be informed 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 provided six-page training roster that included 51 staff signatures acknowledging that they were trained on the agency's revised PREA policy 2.13. This satisfies the auditor's corrective action requirement. The facility provided two-page training roster that included 24 resident signatures acknowledging they were trained about the SOARS outside victim advocate on 7/16/21. The facility provided three pictures that show the SOAR brochure is available the facility.

Based on review of the information received, the auditor finds the facility substantially compliant with this standard.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 Section IV, C-1 page 5 (Revised 6/29/17). 2. Child Abuse Reporting Line (800-292-9582) 3. Department of Services for Children, Youth and Their Families (DSCYF) Ferris School for Boys Public Website (https://kids.delaware.gov/yrs/ferris.shtml) 4. Pre-Audit Questionnaire (PAQ) Findings (by Provision): 115.354 (a): In the PAQ, the facility indicated that they provide a method to receive third-party reports of sexual abuse or sexual harassment. Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 Section IV, C-1 page 5 establishes that the Child Abuse hotline (800-292-9582) may be used by staff to report sexual abuse and sexual harassment. The agency establishes a method to receive third-party reports publicly through the agency's website http://kids.delaware.gov/yrs/prea). The website provides a quick link for PREA that provides a method of receiving third-party reports of sexual abuse or sexual harassment by calling the Delaware Child Abuse hotline (800-292-9582) or contacting a local law enforcement agency. The website also provides information on applicable PREA statutes and policies, contact information for the agency PREA coordinator, facility PREA compliance manager, Survivors of Abuse and Recovery, Inc. (SOARS) a victim advocate agency, and facility PREA audit reports. 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 and website information. Based on the review of the policy and agency website, staff and the public can make a third-party report of sexual abuse or sexual harassment by calling the child abuse hotline, reporting to a local law enforcement agency, 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. Best Practice Recommendations: 1. Revise the PREA Policy 2.13, Section C, (2-d), to include "Third party reporting" of sexual abuse or sexual harassment can be made by calling the Child Abuse Hotline at (800-292-9582).

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 (Revised 6/29/17). 2. Division of Youth Rehabilitative Services Code of Ethics Policy 2.2 (Revised 3/5/19). 3. Pre-Audit Questionnaire (PAQ) 4. PREA First Responder Quick Reference Card Interviews: 1. Superintendent 2. PREA compliance manager 3. Medical and mental health staff 4. 12 Random staff Findings (by Provision): 115.361 (a): In the PAQ, the agency reported they 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. The agency relies on Policy 2.13 Division of Youth Rehabilitative Services (DYRS) Prisoner Rape Elimination Act, Section IV C.1, a, that outlines all staff are required to report any allegations and instances of non-consensual sexual acts, abusive sexual contact, and sexual harassment to the Child Abuse Hotline (800)-292-9582. 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 Policy 2.13 Division of Youth Rehabilitative Services (DYRS) Prisoner Rape Elimination Act, Section IV C.2,f, that outlines retaliation from youth or staff will result in disciplinary action and subject to the full progression of sanctions and or referral for criminal prosecution. As written, the policy does not require all staff to immediately report any retaliation against resident or staff who reported sexual abuse or sexual harassment. The policy outlines rather what are the sanctions of retaliating against a resident or staff. The agency relies on Policy 2.2 Division of Youth Rehabilitative Services Code of Ethics Section IV.A, 21, which outlines that each employee must report without reservation any corrupt or unethical behavior which could affect either a juvenile or the integrity of the organization. As written, the policy does not require all staff to immediately report any retaliation against resident or staff who reported sexual abuse or sexual harassment. In the PAQ, the agency 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 Policy 2.13 Division of Youth Rehabilitative Services (DYRS) Prisoner Rape Elimination Act, Section IV C.2,d, that outlines that each facility will develop procedures for how staff can report sexual abuse, harassment and staff neglect or violation of responsibilities that may have contributed to any of these incidents. As written, the policy refers to developing procedures for reporting and does not specifically 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 Policy 2.2 Division of Youth Rehabilitative Services Code of Ethics Section IV.A, 21 outlines that each employee must report without reservation any corrupt or unethical behavior which could affect either a juvenile or the integrity of the organization. As written, the policy does not require all staff to immediately report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. During interviews, all Random staff reported that the knew about 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. During interviews all staff knew the agency's policy or procedure for reporting information related to a resident sexual abuse incident. The facility provided staff first responders with procedure cards as a quick reference guide for processing incidents of sexual abuse. Evidence shows that all staff are required to report regarding an incident of sexual abuse or sexual harassment. As written,

the PREA Policy 2.13 and Code of Ethics Policy 2,2 does not require all staff to immediately report any retaliation against resident or staff who reported sexual abuse or sexual harassment as required by this provision. As written, the PREA Policy 2.13 refers to developing procedures for reporting and does not specifically 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. In addition, Code of Ethics Policy 2,2 does not specifically 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. Interviews with staff revealed they know about the agency's requirement to report and the policy and procedure for reporting information related to sexual abuse incidents.

Based upon this analysis, the facility is not substantially compliant with this provision and corrective action is 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 relies upon Policy 2.13 Division of Youth Rehabilitative Services (DYRS) Prisoner Rape Elimination Act, Section IV C.1 a, titled mandatory reporting, that outlines all staff are required to report any allegations and instances of non-consensual sexual acts, abusive sexual contact, and sexual harassment to the child abuse hotline (800)-292-9582.

During interviews, all Random staff interviewed knew they were required to comply with mandatory reporting of sexual abuse and noted they would call the hotline.

Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not 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 Policy 2.2 Division of Youth Rehabilitative Services Code of Ethics Section IV.A,23 that outlines employees must maintain the integrity of confidential information. Employees will not seek personal data or reveal case information to anyone beyond what is needed to perform their job responsibilities. As written, the policy does not prohibit staff from revealing any information related to a sexual abuse report.

During interviews all staff knew the agency's policy or procedure for reporting information related to a resident sexual abuse incident.

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

115.361 (d):

Medical and mental health staff when asked about a requirement to report sexual abuse to officials as well as state and local agencies medical and mental health staff stated they are mandated reporters and would report to their supervisors. 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, medical provider stated that they do disclose the limitations and their duty to report as they are mandated reporters. The mental health staff also stated that they would tell the resident what the limits of confidentiality and duty to report. Medical and mental health staff stated that have not had to report for anyone at Ferris School for Boys.

The auditor reviewed 21 resident files and 21 intake assessment reports but was able to confirm that residents were informed of medical and mental health limits on confidentiality or duty to report. Medical staff also documented parental consent for each resident.

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

115.361 (e):

During an interview, the PREA Compliance Manger stated he would report it to the Superintendent but does contact the parents or guardian. The case Probation officer is contacted and they notify the parents. During interview, the Superintendent stated she would the DFS child abuse hotline worker and the PREA Compliance Manager the same day. When as would you report to the juvenile court if they retain jurisdiction or the juvenile's attorney the superintendent stated no it would be reported to the DFS Child Abuse Hotline.

The facility reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. During an interview, Delaware State Police reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department.

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

115.361 (f):

When asked are all allegations of sexual abuse and sexual harassment including those from third-party and anonymous reported directly to designated facility investigators, the superintendent stated we report to the hotline and to investigators.

The facility reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. During an interview, Delaware State Police reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department

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

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

Corrective Action:

1. Revise PREA Policy 2.13 and Code of Ethics Policy 2.2 to require all staff to immediately report any retaliation against resident or staff who reported sexual abuse or sexual harassment.
2. Revise PREA Policy 2.13 and Code of Ethics Policy 2.2 to require all staff to report immediately and according to agency policy report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
3. Train staff on the revised policy.
4. Document staff have received training on revised policy.

Best Practice recommendations:

1. Revise Policy 2.2 Code of Ethics Section IV A, 23, to include that it 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.

Verification of Corrective Action since the audit:

The facility sent the auditor documentation on 7/2/21 and 7/16/21 in response to the corrective action recommendations.

1. Provided revised Policy 2.13 Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (Revised 5/13/21). (11 pages).

2. Provided revised Policy 2.2 Code of Ethics (revised 5/13/21). (3 pages).

3. Provided Revised PREA Policy 2.13 Staff Training Roster (6 pages).

4. Revised Code of Ethics Policy 2.2 Staff Training Roster (6 pages).

The following action were taken: DYRS revised their PREA policy 2.13 on 5/13/21 to reflect that staff will immediately report, to facility administration, any retaliation against a resident or staff who reported sexual abuse or sexual harassment and staff will immediately report any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation.

Corrective Action #1 through #4

The intent of this corrective action was to ensure that staff would immediately report retaliation against a resident or staff that reported sexual abuse or sexual harassment and violations of staff responsibility that may have contributed to an incident of retaliation. The agency provided an eleven-page revised PREA policy 2.13. The PREA policy outlines that staff will immediately report, to facility administration, any retaliation against a resident or staff who reported sexual abuse or sexual harassment and staff will immediately report any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. The facility provided 6-page training roster that included 51 staff signatures acknowledging that they were trained on the agency's revised PREA policy 2.13. This satisfies the auditor's corrective action requirement.

The agency provided a three-page revised Code of Ethic policy 2.2. The Code of Ethic policy outlines that staff will immediately report any retaliation against resident or staff who reported sexual abuse or sexual harassment. Staff will immediately report any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. The facility provided 6-page training roster that included 47 staff signatures acknowledging that they were trained on the agency's revised Code of Ethics policy 2.2 This satisfies the auditor's corrective action requirement.

Based on review of the information received, the auditor finds the facility substantially compliant with this standard.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 Section IV C.2, e titled Reporting, (page 6), (Revised 6/29/17). 2. Ferris School DYRS Security and Control Administrative Intervention (Room Confinement) FS 9.19 Section III, B. 1, titled protective custody (page 3), (Revised 11/25/19). 3. Pre-Audit Questionnaire (PAQ) Interviews: 1. Agency head 2. Superintendent 3. Random staff Findings (by Provision): 115.362 (a) 1-4: In the PAQ, the facility reported that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the resident assess and implement appropriate protective measures without unreasonable delay. The agency relies on Policy 2.13 Division of Youth Rehabilitative Services (DYRS) Prisoner Rape Elimination Act, Section IV C.2, e, titled Reporting, (page 6), that outlines that if a youth fears for his or her safety in their current setting they can request a temporary transfer to another location, another housing unit or cluster. This type of request can be made through facility procedures. As written, the policy does not specifically outline “substantial risk of imminent sexual abuse”. The Ferris School DYRS Security and Control Administrative Intervention (Room Confinement) FS 9.19 Section III, B. 1, titled protective custody (page 3), outlines that protective custody may be used to protect a youth from sexual or physical assault or other forms of abuse. As written, the policy does not specifically outline “substantial risk of imminent sexual abuse but does outline the facilities procedure to protect a resident from sexual abuse. The facility does take action to protect residents from sexual abuse through the coordinated response plan, 90-day retaliation monitoring, housing reassignment to ensure separation. During Interviews, the agency head states immediately residents can be placed in a room by themselves or one on one with a staff member to protect residents at substantial risk of imminent sexual abuse. During an interview, the superintendent stated immediate action to protect a resident. During interviews with random staff, the auditor learned that staff would remove a resident immediately if the resident was at risk of imminent sexual abuse. All staff interviewed reported they would separate, isolate, or remove the victim from the abuser to and notify a supervisor if the resident was at risk of imminent sexual abuse. In the PAQ, the facility reported that for the past 12 months there was no residents determined to be at substantial risk of imminent sexual abuse. The facility reported that the average amount of time and longest time that passed before taking action was not applicable as there were no residents determined to be at substantial risk of imminent sexual abuse. The investigation documents reviewed did not reveal an allegation of sexual abuse but provided an agency response to protecting a resident during an allegation of sexual harassment. The evidence shows that the agency reported that since there were no residents at substantial risk of imminent sexual abuse that the facility would have responded with immediate action to protect the resident and that the average and longest length of time was not applicable for this reason. As written, the agency policy does not address risk of imminent sexual abuse of residents but provided actions the facility could take if a resident feared of their safety. The facility does take action to protect residents from sexual abuse through the coordinated response plan, 90-day retaliation monitoring, transferring a resident to another facility location or housing unit. The facility reported that they did not have an allegation of sexual abuse during the 12 months preceding the onsite audit. Interviews with staff revealed that staff would take immediate action and remove a resident from risk of imminent sexual abuse. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required. Best Practice Recommendations:

	1. Although a policy is not required, the PREA policy does not specifically outline substantial risk of imminent sexual abuse". Revise the Policy 2.13 PREA Section IV C.2, e, to specifically outline the actions the facility would take when they learn that a resident is subject to a "substantial risk of imminent sexual abuse". 2. Train staff on the revised plan. 3. Document staff training.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 Section IV, C 3 and D 1,b (Revised 6/29/17). 2. Pre-Audit Questionnaire (PAQ) Interviews: 1. Agency head 2. Superintendent Findings (by Provision): 115.363 (a): In the PAQ, the facility reported they have 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 relies on Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 Section IV, C 3 and D 1, b, that states 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. In addition, all matters that involve the allegation of sexual contact as defined in this policy will be reported to the Child Abuse Hotline. In the PAQ, the agency reported that there have been no allegations received by the facility that a resident was abused while confined at another facility that would prompt a facility response. The evidence shows that the agency 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. A review of the PAQ reveals that the facility received no allegations that a resident was abused at another facility and no further information was provided. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.363 (b): In the PAQ, the facility 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 relies on Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 Section IV, C 3, a, that states such notification shall be provided as soon as possible but no later than 72 hours from receiving the allegation. The evidence shows that the agency policy outlines that notification would occur within 72 hours after receiving an allegation. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.363 (c): In the PAQ, the facility reported that the facility documents that it has provided such notification within 72 hours of receiving the allegation. The agency relies on Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 Section IV, C 3, 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 YRS director and the Division's PREA coordinator have been notified. The facility reported that they have not received any allegations of sexual abuse during the last 12 months. The evidence shows that the facility has not received any allegations to provide notification that would prompt the facility to

document that notification within 72 hours. The policy outlines that documentation of the notification would occur within 72 hours of receiving the allegation consistent with this provision.

Based upon this analysis, 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 have any allegations of sexual abuse from other facilities.

The agency relies on Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 Section IV, D 1, b, that states all matters that involve the allegation of any sexual contact as defined in this policy will be reported to the Child Abuse Hotline.

During interviews, the Agency head stated the PREA Compliance Manager is the point of contact and the PREA investigator would investigate the complaint. During interviews, the superintendent stated that there have been no reports of another agency or the facility reporting an allegation. The Superintendent stated if they had a complaint, they would call it into the hotline, she would complete necessary report and notify the Director.

The evidence shows that the agency policy does require that all allegations of sexual abuse are reported to the child abuse hotline for investigation. Information from the PAQ reveals the facility has not received any allegations of sexual abuse from another facility for investigation. Interviews with staff revealed that the PREA Compliance Manager would be the point of contact for allegations received from other agencies and the facility would report the allegation to the child abuse hotline and Director of the agency.

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

Best Practice Recommendations:

1. Revise Policy 2.13 Section IV C 3, a, to provide how the facility documents notifications within 72 hours of receiving an allegation of sexual abuse and sexual harassment to other agencies.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Ferris School Std 115.365 Coordinated Response Flowchart 2. First Responder Checklist 3. DSCYF Academy Staff Training Interviews: 1. Random staff 2. Delaware State Police Findings (by Provision): 115.364 (a): In the PAQ, the agency reports that they have a first responder policy for allegations of sexual abuse, The agency relies upon the First Responder Checklist, Ferris School Std 115.365 Coordinated Response Flowchart and the DSCYF Academy staff training for prevention, detection and response to sexual abuse in detention as the outline for first responder actions to an allegation of sexual abuse. The Agency does not have a written first responder policy for allegations of sexual abuse. The First Responder Checklist outlines four steps to be taken upon learning of an allegation that a juvenile was sexually abused, the employee first responder shall be required to Step one- separate the alleged victim from abuser, Step two- preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and contact the supervisor, Step three-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, Step four-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. The Ferris School Std 115.365 Coordinated Response Flowchart outlines four flowchart immediate responses. Staff sexual abuse immediate response, Staff sexual abuse investigation, Youth on Youth sexual abuse immediate response, and Youth on Youth allegation investigation. The Staff sexual abuse states when a supervisor receives emergency grievance from a youth, they will remove the staff from the unit, take the youth to medical and mental health for evaluation, secure the location and supervisor contacts the hotline and IA unit will screen allegation. The youth-on-youth sexual abuse immediate response states when the line staff receive a report that a resident was sexually assaulted in the facility by another resident, staff will separate both youth (separate units) on one-on-one supervision, request that the alleged victim and alleges abuser not take any actions to destroy physical evidence washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The DSCYF Academy staff training for prevention, detection and response to sexual abuse in detention outlines that first responders are to separate the victim and perpetrator as quickly as possible, ask the victim and perpetrator to preserve evidence by not changing clothes, washing their face, body, teeth, hair, using the toilet, eat or drink, and secure the scene to control movement. The staff training does not specifically state urinating, defecating, smoking and brushing teeth as required in the provision. In the PAQ, the agency reported there was no sexual abuse allegation of a resident in the last 12 months. The facility reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. During an interview, Delaware State Police reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department. During interviews, all 12 staff stated they would separate the victim from abuse, secure the scene, 2 out of 12 stated they would contact their supervisor, 1 out of 12 stated they would request that the victim does not eat, drink, shower, or change clothes. Staff interviewed knew the requirement of separating the victim from the abuser and securing the crime scene. Staff was not able to fully describe the actions in requesting that the alleged victim not take that could destroy evidence or ensuring that the alleged abuser not take that would destroy evidence. Evidence shows that the agency does not have a first responder policy. The facility relies on the First Responder Checklist, The Ferris School Std 115.365 Coordinated Response Flowchart and the DSCYF Academy staff training for prevention, detection and response to sexual abuse in detention as evidence to support first responder action for an allegation of sexual

abuse. First Responder checklist and the Ferris School Std 115.365 Coordinated Response Flowchart provide all the actions of a first responder. The DSCYF Academy staff training does not provide all the actions of a first responder.

Based upon this analysis, the facility is not substantially compliant with this provision and corrective action is 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 relies upon the DSCYF Academy staff training for prevention, detection outlines first responders are to separate the victim and perpetrator as quickly as possible, ask the victim and perpetrator to preserve evidence by not changing clothes, washing their face, body, teeth, hair, using the toilet, eat or drink, and secure the scene to control movement.

The agency's First Responder Checklist outlines the actions taken by a non-security first responder would be to request that the alleged victim not take any actions that could destroy physical evidence and then notify security employee.

In the PAQ, the agency reported that there was no sexual abuse allegation in the past 12 months made to a non-security first responder.

During interviews, all 12 staff stated they would separate the victim from abuse, secure the scene, 2 out of 12 stated they would contact their supervisor, 1 out of 12 stated they would request that the victim does not eat, drink, shower, or change clothes. Staff interviewed knew the requirement of separating the victim from the abuser and securing the crime scene. Staff was not able to fully describe the actions in requesting that the alleged victim not take that could destroy evidence or ensuring that the alleged abuser not take that would destroy evidence

Evidence shows that the agency does not have a first responder policy but relies on the DSCYF Academy staff training for prevention, detection and response to sexual abuse in detention and the agency's First Responder Checklist as evidence to support non-security first responder action for an allegation of sexual abuse consistent with this provision. Based on the interviews with staff, not all staff could describe actions that the alleged victim not take that could destroy physical evidence

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

Corrective Action:

1. Develop or Revise Policy 2.13 PREA to create a section to include the first responder and non-security first responder duties as required by this standard.
2. Revise the training to include urinating, defecating, smoking and brushing teeth as required by the provision.
3. Train staff on the revised training.
4. Train staff on the revised policy.
5. Document staff training.

Verification of Corrective Action since the audit:

The facility sent the auditor documentation on 7/2/21, 7/16/21 in response to the corrective action recommendations.

1. Provided revised Policy 2.13 Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (Revised 5/13/21). (11 pages).
2. Revised PREA Policy 2.13 Staff Training Roster (8 pages).
3. Coordinated Response Plan (7 pages).
4. Coordinated Response Training Roster (5 pages).

The following action were taken: The agency revised their PREA policy 2.13 on 5/13/21 to ensure that security staff first responders request that alleged victims do not take any action that would destroy physical evidence and to ensure that the alleged abuser does not take any actions that would destroy physical evidence. The agency revised the Coordinated response for Youth on Youth to request that the alleged victim and abuser does not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. As a best practice, the agency revised the PREA policy 2.13 to include first responder duties.

Corrective Action #1 through #5

The intent of this corrective action was to ensure that security first responders knew what actions they should take to inform alleged victims and abusers in requesting and ensuring that physical evidence is not destroyed. The agency provided a seven-page revised coordinated response that requires the alleged victim and abuser not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

	The training roster provides that 34 staff was trained on the PREA facility Coordinated Response process on 7/16/21. The roster provided staff signatures that confirm their attendance for the training. This training satisfies the auditor's corrective action requirement. The agency provided an eleven-page revised PREA policy 2.13. The PREA policy outlines that each facility will follow the coordinated facility response and utilize the first responder cards and the coordinated response flowcharts. The facility provided 8-page training roster that included 51 staff signatures acknowledging that they were trained on the agency's revised PREA policy 2.13 on 5/18/21,6/23/21 and 7/16/21. This satisfies the auditor's corrective action requirement. Based on review of the information received, the auditor finds the facility substantially compliant with this standard.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Ferris School Std 115.365 Coordinated Response Flowchart 2. First Responder Checklist Interviews: 1. Superintendent Findings (by Provision): 115.365 (a): In the PAQ, the facility reported they 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 has a Ferris School Std 115.365 Coordinated Response Flowchart and a First Responder Checklist as their written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health unit, investigators, and facility leadership. There are four flowcharts that outline immediate responses by staff. Staff sexual abuse immediate response, Staff sexual abuse investigation, Youth on youth sexual abuse immediate response, and Youth on youth investigation. The Staff sexual abuse states when a supervisor receives emergency grievance from a youth, they will remove the staff from the unit, take the youth to medical and mental health for evaluation, secure the location and contact the hotline and IA unit screens allegation. The plan further outlines that the supervisor will notify the superintendent, initiate a reportable event, prepare PREA documentation and notify deputy director. The staff sexual abuse investigation outlines that after IA screens allegation if they accept IA or IA and Police will coordinate investigation. If IA does not accept the IA case is closed and the allegation is referred to the PREA compliance manager and PREA investigator to conduct an internal investigation. The youth on youth sexual abuse immediate response states when the line staff receive a report that a resident was sexually assaulted in the facility by another resident, staff will separate both youth (separate units) on one on one supervision, request that the alleged victim not take any actions to destroy physical evidence washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating, The plan further outlines that the staff will notify a supervisor and supervisor will notify AOD on duty, take victim to medical unit to be transported to A.I Dupont or Wilmington Hospital for an exam, supervisor or medical will notify hotline for IA to screen allegation. The facility will offer victim services and reassessment of housing and safety concerns when victim returns. The staff sexual abuse investigation outlines that after IA screens allegation if they accept, IA or IA and Police will coordinate investigation. If IA does not accept the IA case is closed and the allegation is referred to the PREA compliance manager & PREA investigator to conduct an internal investigation. The first responder checklist outlines the steps to be taken upon an allegation of sexual abuse by first responders. The checklist provides the first responder with a detailed list of questions to ask the resident and actions to be taken such as separating the youth from alleged abuser, preserve and protect the crime scene until evidence can be collected, contacting supervisor, request that the alleged victim and the alleged abuser not take any action that would destroy physical evidence such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating, call for mobile escort to the medical unit for evaluation, notifications to hotline, medical services response, and post allegation responsibilities. The plan also outlines the responsibilities of the non-security first responder by requesting that the alleged victim not take any action that would destroy physical evidence and notify a security employee. During an interview, the superintendent stated if sexual abuse was reported to her the facility staff has a coordinated response and they would quickly come together, medical would do their part, Investigators would make notifications to facility administrators and the facility would investigate. 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 the Ferris School for Boys immediate response flowchart, first responder checklist, and interview with 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. State of Delaware Department of Services for Children Youth and Their Families Division of Youth Rehabilitative Services Policy 309 Removal of Employees from the Workplace Section II 5 Page 1 (revised 7/1/12). 2. Agency Website (Http://kids.delaware.gov/policies/dscyf/dsc309-removal-of-employees-from-workplace. (11/1/2012). Interviews: 1. Agency head 2. Union Representatives Findings (by Provision): 115.366 (a): In the PAQ, the agency reported they have not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Collective Bargaining Agreements remains the same, contract negotiations began in 2020 and remain pending. State of Delaware Department of Services for Children Youth and Their Families Division of Youth Rehabilitative Services Policy 309 Section II 5 Page 1, 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 seven days of a removal from the workplace and if findings indicate termination is warranted the employee may be suspended without pay pending termination. The staff will not be allowed to resign in lieu of termination. During an interview, when asked has the agency entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012, the agency head reported that they are still in collective bargaining for wages. During an interview with union representative, staff stated there is nothing that prevents removal of an employee related to allegations of sexual abuse, staff affirmed that staff can be removed. 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 through the agency policy and interview with staff. Based upon this analysis, the facility 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. Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 Section IV C Titled Mandatory Reporting, 2-f Page 6 (Revised 6/29/17). 2. Ferris School Organizational Chart (2021). Interviews: 1. Agency head 2. Superintendent 3. PREA Compliance Manager/Designated Staff Member Charged with Monitoring Retaliation Findings (by Provision): 115.367 (a) 1-2: In the PAQ, the agency 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. Policy 2.13 Division of Youth Rehabilitative Services (DYRS) Prisoner Rape Elimination Act, Section IV C, 2-f titled Mandatory Reporting Page 6, 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. In the PAQ, the agency reported that they have designated the Youth Rehabilitation Counselor III as the staff member that monitors for possible retaliation. A review of the Ferris School organizational chart confirms that the Youth Rehabilitation Counselor III is designated as the retaliation monitor. The evidence shows that the agency has outlined a policy to protect residents and staff from retaliation and has designated staff member to monitor for possible retaliation which was verified through the agency policy and organizational chart. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.367 (b): Policy 2.13 Division of Youth Rehabilitative Services (DYRS) Prisoner Rape Elimination Act, Section IV C, 2-f Page 6, titled Mandatory Reporting (page 6) establishes that for a youth who fears their safety, they can request a temporary transfer to another location, housing unit or cluster. Additional staff may be used if housing options are not available. Retaliation from youth or staff will result in disciplinary action and subject to the full progression of sanction and or referral for criminal prosecution. During an interview, the agency head stated he would remove the resident and the staff from the building. During an interview, the superintendent stated the retaliation monitor would monitor the resident, we could move the staff to a no contact and hold staff accountable. At the time of the onsite audit the designated retaliation monitor was not available for an interview. Therefore, the PREA compliance manager (PCM) who is also designated as a retaliation monitor back up was interviewed. The PCM reported that there are four back up retaliation monitors at the facility and he is always on the floor in the units. The PCM stated he would meet with the residents every 30 Days over a 90-day period or longer if needed. He would conduct daily checks to determine if the resident had submitted any grievances, changes in school, classes or if the residents point system increased. They could also move the resident to Administrative Intervention. He would try to keep the staff away from the resident. The evidence shows that the agency has outlined that they employ multiple measures residents and staff that fear retaliation for reporting sexual abuse or sexual harassment. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.367 (c) 1-5: In the PAQ, the facility reported that they monitor 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 if needed. The facility reported there has been no incidents of retaliation in the past 12 months.

Although a policy is not required for this provision, the facility relies upon Policy 2.13 Division of Youth Rehabilitative Services (DYRS) Prisoner Rape Elimination Act, Section IV C, 2-f titled Reporting Page 6, that provides retaliation from youth or staff will result in disciplinary action and subject to full progression of sanctions and or referral for criminal prosecution. The policy does not outline that they would monitor the conduct of resident and staff who reported sexual abuse for possible retaliation for 90 days or longer if needed.

During an interview, the superintendent stated she the retaliation monitor would monitor the resident, we could move the staff to a no contact and hold staff accountable During an interview, the retaliation monitor described the actions he would take by initiating contact with the resident and monitoring The PCM stated he would meet with the residents every 30 Days over a 90-day period or longer if needed. He would conduct daily checks to determine if the resident had submitted any grievances, changes in school, classes or if the residents point system increased.

The evidence shows that the agency has a policy to protect residents and staff from retaliation and has designated a supervisor to monitor retaliation of residents and staff which was verified through the agency policy, organizational chart, PREA retaliation monitoring form, interview with the agency head, Superintendent and PREA Compliance Manager in charge of retaliation monitoring.

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

115.367 (d):

The agency reported in the PAQ that there has not been an incident of retaliation in the past 12 months that would prompt monitoring a resident as required by this provision.

During interviews, the retaliation monitor stated he would meet with the residents every 30 Days over a 90-day period or longer if needed. He would conduct daily checks to determine if the resident had submitted any grievances, changes in school, classes or if the residents point system increased.

The evidence shows that the facility has a process to monitor retaliation for residents through the PREA Compliance Manager who is responsible for retaliation monitoring.

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

115.367 (e):

Policy 2.13 Division of Youth Rehabilitative Services (DYRS) Prisoner Rape Elimination Act, Section IV C, 2-f titled Mandatory Reporting Page 6, 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.

During interviews, the agency head and superintendent outlined the measures to protect an individual from retaliation would be remove the resident and the staff from the building, monitor the resident, move the staff to a no contact and hold staff accountable. The agency reported in the PAQ that there has not been an incident of retaliation in the past 12 months.

The evidence shows that the facility has a process to take appropriate measures to protect an individual that fears retaliation which was verified through the PAQ, organizational chart and staff interviews.

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

Best Practice Recommendations:

1. Revise the PREA Policy 2.13, Section IV C 2-f titled Mandatory Reporting, to include “all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other residents or staff”.
2. Revise the PREA Policy 2.13, Section IV C titled Reporting Section F, to include retaliation monitoring for 90 days or longer if needed”.
3. Train staff on the revised PREA policy.
4. Document that staff have received training on the revised PREA policy.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 (Revised 6/29/17). Division of Youth Rehabilitative Services Professional Practices Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) 2.20 (Revised 3/5/19). Ferris School for Boys Security and Control Administrative Intervention (Room Confinement) FS 9.19.(11/25/19) 21 Resident Files Administrative Intervention Observation Log Interviews: 1. Superintendent 2. Medical and mental health staff 3. Education Staff 4. Housing staff 5. Classification Staff Site Review Observations: 1. Site review of facility Findings (by Provision): 115.368 (a) 1-7: In the PAQ, the agency 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. If a resident alleges to have suffered sexual abuse is held in Isolation the facility will provide a review every 30 days to determine a need for continued separation. Policy 2.13 Division of Youth Rehabilitative Services (DYRS) Prisoner Rape Elimination Act, Section IV B, 2-3 titled Prevention (pp.3-4) establishes that classification or assessment tools will be utilized to determine supervision needs of youth for the protection of victims and those to be perpetrators. The form of protective supervision includes housing decisions, movement throughout the facility, all routine and non-routine activities. Youth assessed as high risk for being victimized shall have a review by the facility's assessment team at least twice a month to review any threats to safety experienced by the resident. In the PAQ, the agency reported that they have a policy that requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large muscle exercise. Policy Division of Youth Rehabilitative Services Professional Practices Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) 2.20 Section IV, Titled Special Considerations E, C, establishes that LGBTQI youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other youth safe, and then only until alternative means of keeping all youth safe can be arranged. During any period of isolation, DYRS staff shall not deny youth daily large-muscle exercise and any legally required educational programming or special education services. Youth in isolation shall receive daily visits from medical staff or behavioral health services clinician or provider. Youth shall also have access to other programs and work opportunities to the extent possible. Policy 9.19 Ferris School DYRS Security and Control Administrative Intervention (Room Confinement) outlines the use of room confinement and isolation for safety and security of youth and staff. Specifically, this policy addresses that administrative intervention/room confinement is necessary to prevent imminent physical harm to other persons and to maintain security control of the facility. The Administrative Intervention policy outlines that youth in protective custody, Isolation and room confinement shall have and will not deny daily large muscle exercise, legally required educational services, special education services, and mental health. The policy outlines that protective custody may be used to protect a youth from sexual or physical assault or other forms of abuse. The suggestion that protective custody may be used does not specifically outline that it shall be used. During an interview, the Superintendent stated that residents are only placed on administrative intervention until an alternative could be

found. Staff reported that only two residents were placed on administrative intervention in the last 12 months. Facility staff reported there were no residents placed in Isolation that was alleged to have suffered sexual abuse during the last 12 months. During an interview, Delaware State Police reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department. A review of investigative information confirms there was no sexual abuse allegations at the facility during the 12 months preceding the onsite audit.

During an interview, mental health staff indicated that when a resident is on administrative intervention isolation, they would visit the resident daily. Staff indicated that the facility was really good about not trying to isolate residents. During an interview, medical staff indicated they would visit a resident daily. During an interview, Classification staff stated residents would receive one hour of recreation time per day on the pod. Staff would also take residents outdoors by the cafeteria. During an interview, education staff stated they have never been to the Isolation unit but would send educational packets to residents.

During a review of 21 residential files, the auditor was able to confirm that there were no residents isolated at the facility that alleged to have suffered from sexual abuse in the last 12 months preceding the onsite audit. A review of the observation log reveals that residents are seen by medical and mental health providers, provided education packets but does not show that residents are provided large muscle exercise daily as outlined in the agency policy.

During the onsite review, the auditor was able to observe the housing unit pods that is utilized for administrative intervention. The Ferris School had secure housing unit entrances, cells and exits. All areas require a key or remote access to enter. The auditor was able to have an informal interview with residents on the isolation unit. The auditor reviewed two observation logs of residents that were in isolation. The observation log for Administrative intervention provides a detailed tracking of the resident, date, time, activity observed, and staff assigned to the resident.

The evidence shows the facility does isolate residents at the facility which was verified through interview, observation, policy and documentation review. Residents in isolation receive daily visits from medical or mental health care clinician and a review within 30 days as provided in the standard and the agency policy. The evidence shows that residents are provided educational packets which is documented on the observation log but no instructor driven educational services is provided on the unit. No documentation was provided that could confirm the agency's practice of providing daily access to large-muscle exercise. The evidence shows that there were no residents in the 12 months preceding the onsite audit that were isolated at the facility that alleged to have suffered from sexual abuse.

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

Best Practice Recommendations:

1. Provide Residents on administrative intervention, protective custody, Isolation and room confinement daily access to large-muscle exercise, legally required educational services and special education services as provided in the agency policy and consistent with the standard. Document when daily access to large-muscle exercise and educational services are provided to residents on the observation log.

115.371	Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. DYRS 2.13.IV.D.1.a-i
2. DYRS Policy 2.13.IV.D.4.c
3. Affirmation of Compliance with Investigative Standards for Sexual Assaults
4. State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect
5. Investigative Files
6. Institutional Abuse Investigator Certificates-NIC PREA: Investigating Sexual Abuse in Confinement Settings
7. Facility PREA Investigator Certificate-NIC PREA: Investigating Sexual Abuse in Confinement Settings
8. Notification of Investigation Status Form
9. Sexual Abuse Review of Substantiated and Unsubstantiated Outcomes Form
10. Non-Critical Reportable Event Form

Interviews:

1. Delaware State Police Department (DSP)
2. Institutional Abuse (IA) investigator
3. Facility PREA investigator
4. PREA coordinator
5. PREA compliance manager
6. Superintendent
7. DSP Detective Troop #2

Site Review:

1. Management analyst office 04/05/21

Findings (by Provision):

115.371 (a):-1

Within DYRS Policy 2.13, there is a section that addresses investigations in secure care. The policy details that all matters that involve the allegation of any sexual contact as in this policy will be reported to the Child Abuse Hotline. Further, the policy mentions that for matters which could result in a criminal action, Institutional Abuse will conduct a joint investigation with the Delaware State Police Department (DSP). For the purpose of training, DYRS Policy 2.13.IV.D.4.c requires when there are no allegations of sexual abuse or sexual harassment, the facility is required to complete a mock incident review annually. The auditors were provided two incident reviews. Due to the Ferris School for Boys not having any allegations of sexual harassment and sexual abuse within 12 months, the auditor decided to determine compliance there would be a review of the previous two years investigative files. During an interview with DSP, it was disclosed that there were no allegations of sexual abuse or sexual harassment reported at the facility.

There were two allegations of sexual harassment and an allegation of sexual abuse.

Type	Victim/Perpetrator	Findings	Notification	Child Abuse Hotline	PREA Trained Investigator	Incident Review	Investigative Report
Sexual Harassment	Youth on Youth	Unsubstantiated	No	No	Yes	Yes	No
Sexual Harassment	Youth on Youth	Undetermined	No	No	No	No	No
Sexual Abuse	Staff on Youth	Unfounded	Yes	Tes	Undetermined	Yes	Yes

Investigative files were provided during the onsite audit. The investigative file for sexual abuse was comprised of the non-critical reportable events and attachments from the DYRS PREA Policy 2.13, witness/alleged victim/alleged perpetrator statements, administrative report, Notification of Investigation Status Form, investigative report, documentation of call to Child Abuse Hotline and the Sexual Abuse Incident Review of Substantiated or Unsubstantiated Outcomes Form. On the completed PREA investigation findings, there was no documentation of the date, PREA investigator, and/or writer of the report.

For the two sexual harassment allegations, there were some inconsistencies. They included no evidence of findings in one of the allegations. In neither sexual harassment allegation was there contact to the Child Abuse Hotline evident nor was there notification of outcomes to either alleged perpetrator or alleged victim. Both sexual abuse allegations lacked an investigative report from a trained PREA investigator. Both sexual abuse allegations were comprised of a non-critical reportable event form, a sexual violence incident form, sexual violence incident form for victim, and sexual violence incident form for youth/staff perpetrator. In only one allegation was there an incident review completed.

Based on the documentation received by the auditor, the two sexual harassment allegations lacked necessary documents to be considered thorough. Due to the lack of investigative reports, the auditor was unable to verify if the documentation was objective. Further, in one of the sexual harassment allegations the incident occurred on 09/10/19, but the grievance was not processed until 09/17/19. This allegation was reported through the grievance process, and the facility has an Emergency PREA Grievance Process which should have identified this allegation earlier than seven days. The agency did not demonstrate efficiency in the one week delay. According to staff, the grievance boxes are checked daily, and emergency PREA grievances are processed immediately. For these reasons, the auditor has determined that the investigation was not handled promptly.

During interviews with IA investigators and the facility PREA investigator, it was confirmed that the agency conducts investigations for all allegations including third party and anonymous reports.

Based on this analysis, the agency does not meet compliance in this provision.

115.371(b)-1

The facility has provided seven investigator certificates during the onsite review and in the PAQ. During the onsite audit, the auditors were provided the facility PREA investigators certificate. Five of the investigators have taken the NIC PREA: Investigating Sexual Abuse in Confinement Settings. Two of the investigators took an additional training titled NCIC PREA Investigator: Sexual Abuse Investigations in Confinement Settings-Advanced.

Both the Facility PREA investigator and the IA investigator confirmed the completion of the specialized training in conducting sexual abuse investigations in confinement settings. The IA investigator confirmed training in techniques for interviewing, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. The facility PREA investigator was able to identify proper use of Miranda and Garrity as well as the criteria and evidence to substantiate an allegation of sexual abuse and sexual harassment.

Based on the analysis, the agency does substantially meet compliance in this provision.

115.371(c)-1

Review of the sexual abuse investigation, the Child Abuse Hotline was contacted and the allegation had been screened out. The documentation does not specify who determined the allegation was going to be administratively investigated. Once the allegation was returned to the facility to investigate, the investigation was processed. The auditor found evidence of the collection of direct and circumstantial evidence. The original grievance was not in the investigative file, but it should be noted that all grievances are maintained electronically by the facility. The alleged victim, alleged perpetrator, and witnesses were interviewed by the investigator.

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

115.371(d)-1

In the Affirmation of Compliance with Investigative Standards for Sexual Assault, it explicitly expresses that DSP will not terminate an investigation solely because the source of the allegation recants the allegation.

According to both the IA investigator, and Facility PREA investigator, DSP investigations do not terminate if the source of the allegation recants.

Based on the analysis, the agency does substantially meet compliance in this provision.

115.371(e)-1

According to the IA investigator and DSP, there have been no sexual abuse investigations that rose to criminal threshold. Investigations that meet the criminal threshold are jointly investigated by DSP and IA. In the case of compelled interviews, DSP would be responsible for consulting with prosecutors prior to conducting a compelled interview. Interview with IA investigator confirmed the procedure for conducting a compelled interview.

Based on the analysis, the agency does substantially meet compliance in this provision.

115.371(f)-1

When assessing the credibility of an alleged victim, witness, or suspect, the IA investigator and the facility PREA investigator stated that the credibility is based on an individual basis. It is not based on the individual's status as a resident or staff member. Further, it was confirmed from the IA investigator the agency does not require a youth that alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition to proceed with an investigation. During the onsite audit, there were no residents who had reported sexual abuse at the Ferris School for Boys to further confirm.

Based on the analysis, the agency does substantially meet compliance in this provision.

115.371(g)-1

In the facility's administrative investigation of sexual abuse, there was statements of concern by the investigator regarding the practice of determining whether staff actions or failures to act contributed to the abuse. Information was also available on the incident review report of the sexual abuse allegation. It was evident in the documentation that there was reasoning behind credibility assessments and investigative facts.

During the auditor's inquiry regarding documents contained in investigation files, the facility PREA investigator was able to provide a detailed list of the types of evidence that should be included in an investigative file of sexual abuse or sexual harassment.

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

115.371(h)-1

DYRS has not reported or provided documentation of any criminal investigations during the onsite or via the PAQ. The auditor interviewed DSP, and the auditor was informed that criminal investigations would be documented in a report. The report would be distributed to the IA investigators. In turn, the IA investigators would provide that information to the facility superintendent and PREA compliance manager. During the interview with DSP, it was disclosed that within the last 12 months there were no investigations or pending investigations of sexual abuse or sexual harassment that was reported at Ferris School for Boys.

Based on the analysis, the agency does substantially meet compliance in this provision.

115.371(i)-1

Cited in DYRS Policy 2.13.IV.D.1.g, acts deemed to be a criminal offense, as recognized by the Child Abuse Hotline, will be referred to DSP. In both the interview with DSP and the IA investigator, the auditor 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 for prosecution from the Ferris School for Boys within the last 12 months.

Based on the analysis, the agency does substantially meet compliance in this provision.

115.371(j)-1

During the interview of the management analyst on 04/05/21, there was a site review of the management analyst office. DYRS continues the practice of maintaining of sexual abuse and sexual harassment files in a two-lock system. The file cabinet contained past years of written reports of allegations of sexual harassment and sexual abuse. The management analyst disclosed that the files were maintained from the previous management analyst. In DYRS Policy 2.13.IV.F.6-7 is the agency's retention policy of no less than 10 years after the date of its initial collection unless, Federal, State, or local law requires otherwise.

Based on the analysis, the agency does substantially meet compliance in this provision.

115.371(k)-1

According to interviews with both IA investigator and the facility PREA investigator, 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 the last 12 months terminations and releases has revealed that there has been no departure of an alleged abuser or alleged victim in which an investigation was terminated.

Based on the analysis, the agency does substantially meet compliance in this provision.

115.371(l)-1

The Affirmation of Compliance with Investigative Standards for Sexual Assaults ensures that DSP conducts investigations in accordance with 115.371(a)-(k).

Based on the analysis, the agency does substantially meet compliance in this provision.

115.371(m)

DSP stated during the interview that IA jointly with DSP will conduct investigations, and DSP will provide reports and inform IA of the process of investigations. The auditor confirmed through interviews with the superintendent and the PREA compliance manager that DSP would provide information pertaining to a sexual abuse investigation at the Ferris School for Boys to IA.

Based on the analysis, the agency does substantially meet compliance in this provision.

The evidence provided shows that the agency has a policy related to criminal and administrative agency investigations. Review of the sexual abuse investigative file showed there was sufficient information provided such as interviews, direct or circumstantial evidence. Interviews of investigators have confirmed that investigations are not terminated due to the source of the allegation recanting and credibility is assessed on an individual basis. Additionally, investigations are not terminated due to the departure of an alleged abuser or victim from employment or release from the facility. Based on the sexual abuse investigative file and the incident review, the facility does report if staff actions, or failures contributed to the abuse. The sexual abuse allegations lacked consistency in testimonial evidence, credibility assessment, investigative facts and findings. The site review confirmed the practice of maintaining written reports in accordance to 115.371(j), but the DYRS Policy 2.13 needs to be revised to the provision. DSP and IA have both 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 Ferris School for Boys does not meet the standard. Corrective action is required.

Corrective Action:

1. Provide training to facility PREA investigators on the documents required for a complete investigation.
    - Investigative report with fact and findings completed by trained PREA investigators.
    - Incident review
    - Notifications of outcomes to allege victim and allege perpetrators.
2. Revise Policy 2.13.IV.F.6-7 in accordance to PREA Standard 115.371(j).

Best Practice Recommendations:

1. DYRS 2.13.IV.D.1 remove the reference to DYRS policy on Reporting Crimes in State Facilities. Replace with information from the actual policy on Reporting Crimes in State Facilities.
2. Document when the Child Abuse Hotline or the IA investigators screen out allegations of sexual harassment and sexual abuse to be investigated administratively by the facility PREA investigators.
3. Collaborate with the management analyst, facility administration, and the facility PREA investigators to develop a coordinated plan for uniformity in obtaining and retaining documentation of investigations.

Verification of corrective action since the audit-

In response to the corrective actions, the facility provided documentation to the auditor through the supplemental files of the OAS. For both corrective action #1 and corrective action #2, the PREA coordinator provided a copy of the revised PREA policy 2.13 which was published on the agency website on 5/13/2021 and uploaded to OAS on 7/2/2021. On 7/2/2021, the PREA coordinator uploaded the PREA investigator training roster. After request by the auditor, the training curriculum for the training was provided by the PREA coordinator on 7/19/2021. The curriculum included revised Policy 2.2 and revised Policy 2.13 with attachments. Also, included was the newly developed investigative summary template, and there was a mock investigative summary completed for training purposes.

The following actions were taken by the facility for corrective action #1: the facility provided extensive training to the facility PREA investigators to improve processing of documentation for investigations of alleged sexual abuse and sexual harassment. The developing the investigative summary template ensured that in the future PREA investigators are able to

	provide a through summary of investigations. Prior to receiving facility training, the PREA investigators had already completed required training mandated by the PREA standards. Since the onsite audit, there have been no additional sexual abuse or sexual harassment allegations for auditor to verify any changes in practice. The agency further revised in PREA Policy 2.13.IV.C.3.a, which states that PREA investigators are required to complete specialized training in conducting investigations in confinement settings. This training will include training pertaining to the techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, how to collect evidence after sexual abuse incidents and what criteria and evidence are needed to substantiate a case. The following actions were taken by the facility for corrective action #2: the agency provided a revision to PREA Policy 2.13.IV.J.9-10 which states All PREA data shall be securely stored by the Management Analyst using a double lock system. 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. Additionally, the facility provided documentation that all staff were trained on the revisions to the policy. Corrective Action #1 The intent of the corrective action was to ensure that investigative files have required documentation completed by PREA investigators. Corrective Action #2 The intent of the corrective action was to ensure that all PREA data is securely stored and retained. Based on the information provided to date, the facility is substantially compliant with the standard.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DSCYF Policy 208 2. State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect: Child Abuse Protocol p.98 3. Investigation Files Interviews: 1. IA investigator 04/05/21 2. Facility PREA investigator Findings (by Provision): 115.372 (a)-1: DSCYF Policy 208 was provided in the PAQ to address PREA Standard 115.372(a). The policy makes references to investigating utilizing DFS Institutional Abuse Investigation Protocol policy and procedures. The policy does not have language specific to determining the standard evidence utilized in sexual harassment and sexual abuse investigations. PREA mandates require imposing 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. Written in the State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect: Child Abuse Protocol, DFS (IA) will make a finding once it has established that a preponderance of the evidence exists. Review of the sexual abuse investigative file, it was evident in the file of the findings. The auditor could not determine whether the agency imposed a standard of the preponderance of the evidence or a lower standard of proof. Further, it was undetermined if a PREA investigator made the determination on the findings. It was disclosed by the IA investigator 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. It was further substantiated by the facility PREA investigator that the facility does not impose a standard higher than a preponderance of the evidence in determining an allegation of sexual abuse and sexual harassment. Based on the analysis, the agency does substantially meet compliance in this provision. Based on the analysis of the State of Delaware Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect: Child Abuse Protocol, the interview with the IA investigator, the auditor has determined that DYRS does not impose a standard higher than a preponderance of the evidence when determining if allegations of sexual abuse or sexual harassment are substantiated. The agency is substantially compliant with this standard and no corrective action is needed at this time.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS Policy 2.13.IV.D.1.i 2. DYRS Policy 2.13 Attachment E Notification of Investigations Status 3. Sexual Abuse Investigation File February 2020 Interviews: 1. Facility PREA investigator 2. Superintendent 3. PREA compliance manager 4. Delaware State Police (DSP) 5. Random residents Findings (by Provision): 115.373 (a)-1-3: DYRS Policy 2.13.IV.D.1.i pertains to informing residents who make allegations that they have suffered sexual abuse in an agency facility verbally, or in writing that the allegations have been determined to be substantiated, unsubstantiated, or unfounded. The policy specifically states that upon notification from Institutional Abuse or Law Enforcement, the program administrator will ensure that the youth is notified of the outcome of the case via the Notification Form. The notification form is referred in DYRS Policy 2.13 Attachment E. During the interview, the practice of providing notification of outcomes was further confirmed with the superintendent. Since there were no sexual abuse investigations in the prior year of this audit, the auditor reviewed a sexual abuse investigative file from February of 2020. In 2020, there was one sexual abuse investigation. It was staff on youth, and it was an administrative investigation. Though the allegation was unfounded, contained in the investigative file was a notification form completed by the facility PREA compliance manager. The form was completed, but it lacked signature and date. Based on the analysis, the agency does substantially meet compliance in this provision. 115.373 (b)-1: In the last 12 months, there were no sexual abuse cases that were referred for criminal investigation documented in the PAQ. This was further collaborated with the interview with Delaware State Police (DSP), the PREA compliance manager, and the superintendent. DSP stated the facility would receive a copy of a victim's report in which the facility would in turn communicate findings to the youth. Based on the analysis, the agency does substantially meet compliance in this provision. 115.373 (c)-1-3 Within the last 12 months, there were no sexual abuse cases that were either substantiated, unsubstantiated, or unfounded committed by a staff member against a resident at the Ferris school for boys. None of the 21 youth interviewed at Ferris School reported a sexual abuse during the onsite audit. Based on the analysis, the agency does substantially meet compliance in this provision. 115.373 (d)-1 Within the last 12 months, there were no sexual abuse cases that were alleged by a youth by another youth. Further confirmed by interviews with random youth and PREA compliance manager. There were no allegations reported on the spreadsheet provided by the data management analyst. There was one sexual abuse reported on the PAQ of the sexual abuse allegation that occurred February 2020. This sexual abuse allegation was out of the scope of the prior 12 months. Though the allegation was unfounded, there was a copy of the notification form in the investigative file. Based on the analysis, the agency does substantially meet compliance in this provision. 115.373 (e)-1-3

	DYRS Policy 2.13.IV.F.6 specifically states that upon notification from Institutional Abuse or Law Enforcement, the program administrator will ensure that the youth is notified of the outcome of the case via the Notification Form. Within the last 12 months, there were no residents who reported sexual abuse in the prior 12 months. Based on the analysis, the agency does substantially meet compliance in this provision. The evidence shows that the agency has a policy that provides residents who have alleged sexual abuse in an agency facility with written notification utilizing the Notification of Investigation Status Form. The auditor corroborated this practice from the sexual abuse investigation file from February 2020 and staff interviews. There were no sexual abuse investigations within the last 12 months. Based on the analysis, the facility is substantially compliant with this standard and no corrective action is required. Best Practice Recommendations: 1. Add language to DYRS Policy 2.13 in accordance to PREA Standard 115.373(c-d)

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 (Revised 6/29/17). 2. Delaware Children's Department Policy 313 Initial Background Checks and Subsequent Arrest and/or Allegations of Child Abuse/Neglect (Revised 12/15/16). 3. Removal of Employees from the Workplace Policy 309 (Revised 11/1/12) 4. Delaware Department of Human Resources Policy on Sexual Harassment Prevention (Revised October 2005). 5. Delaware Children's Department Policy 208 Institutional Abuse (Revised 6/8/16). Findings (by Provision): 115.376 (a): In the PAQ, the facility states staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse and sexual harassment policies. The facility relies on Policy 2.13 Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) Section IV C, 1, a, and C 2, f, outline that all staff are required to report any allegations and instances of non-consensual sexual acts, abusive sexual contact, and sexual harassment to the Child Abuse Hotline (800)-292-9582. In addition, retaliation from staff will result in disciplinary action and be subject to full progression of sanctions and or referral for criminal prosecution. As written, the policy refers to staff mandatory reporting of sexual abuse and sexual harassment allegations and retaliation by staff. The policy does not state that staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse and sexual harassment policies. The facility relies on Policy 313 Initial Background Checks and Subsequent Arrest and/or Allegations of Child Abuse/Neglect, that outlines if as a result of a prohibited offense, ineligible determination or a substantiation of child abuse or neglect a recommendation for termination is warranted. As written, the policy does not mention sexual abuse or sexual harassment and does not state that staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse and sexual harassment policies. The facility relies on Policy 309 Removal of Employees from the Workplace, that outlines that allegations of events that may lead to immediate removal from the workplace include but not be limited to physical or sexual abuse against a resident. The policy refers to allegations of sexual abuse and does not specifically outline that staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse and sexual harassment policies. The facility relies on DHR policy on sexual harassment prevention, that outlines that employees are strictly prohibited from engaging in any form of sexual harassment from an employee from any state facility to another employee. As written, this policy refers to employee on employee sexual harassment and not residents. The policy does not specifically state staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse and sexual harassment policies. The facility reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. During an interview, Delaware State Police reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department. The evidence shows that the policies provided do not specifically state staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse and sexual harassment policies. The policy does provide that staff can be subject to disciplinary action, immediate removal and termination regarding retaliation, offenses and physical or sexual abuse against a resident. The facility reported there was no staff during the last 12 months disciplined or terminated for violating the agency sexual abuse and sexual harassment policies. Based upon this analysis, the facility is substantially compliant with this provision and corrective action is not required. 115.376 (b): In the PAQ, the facility reported in the last 12 months there was no staff at the facility that violated, resigned or have been terminated for violating the agency sexual abuse or sexual harassment policies. The facility relies on Policy 313 Initial Background Checks and Subsequent Arrest and/or Allegations of Child Abuse/Neglect, that outlines if as a result of a prohibited offense, ineligible determination or a substantiation of child abuse or neglect a

recommendation for termination is warranted.

Facility staff reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. During an interview, Delaware State Police reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department.

The evidence shows that the policies provided outlines that a recommendation for termination is warranted for staff as a result of a prohibited offense for allegations of child abuse/neglect as a result of a prohibited offense and immediate removal from the workplace include but not be limited to physical or sexual abuse against a resident.

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

115.376 (c):

In the PAQ, the facility 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 had been no staff disciplined for violating the agency's sexual abuse or sexual harassment policy.

The facility relies on PREA Policy 2.13 Section IV, e-f, that outlines that for all incidents that occur in agency operated facilities, the agency will pursue personnel action that honor due process and decision making that is in the best interest of the child and upon completion of an investigation, the facility administrator will make a recommendation for training and or discipline after consulting with the human resource unit.

Facility staff reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. During an interview, Delaware State Police reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department.

Based upon this analysis, 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.

The facility relies on Institutional Abuse Policy 208 Section D, which outlines the agency is required by law to notify law enforcement and the Department of Justice (DOJ) of potential criminal violations involving children, alleged physical/sexual abuse or serious neglect of a client by a DSCYF employee, contractor or volunteer requires a multidisciplinary response. As written the policy does not include terminations for violations of sexual harassment policies.

Facility staff reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. During an interview, Delaware State Police reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department.

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

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

Best Practice Recommendations:

1. Although a policy is not required, the agency relies on PREA 2.13 regarding staff disciplinary action. Revise PREA 2.13 policy to include that state staff is subject to "disciplinary sanctions up to and including termination for violating the agency sexual abuse and sexual harassment policies".
   Sexual harassment violations are not included. Revise Institutional Abuse 208 policy to include terminations for violations of 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.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 (Revised 6/29/17).
2. Child Sexual Abuse Protocol Memorandum of Understanding 2017
3. Delaware Children's Department Policy 313 Initial Background Checks and Subsequent Arrest and/or Allegations of Child Abuse/Neglect (Revised 12/15/16).
4. Department of Services for Children, Youth and Their Families Policy 305 Standards of Conduct Employees, Volunteers and Interns (Revised 4/9/2018).
5. Removal of Employees from the Workplace Policy 309 (Revised 11/1/12)
6. Delaware Children's Department Policy 208 Institutional Abuse (Revised 6/8/16).

Interviews:

1. Superintendent
2. Delaware State Police

Findings (by Provision):

115.377 (a):

In the PAQ, the agency reported that agency 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.

The agency relies on PREA Policy 2.13 Section III A and Section IV, C, 1, that outlines that volunteers and contractors are defined as departmental employees, and all staff are required to report any allegations and instances of non-consensual sexual acts, abusive sexual contact and sexual harassment to child abuse hotline 800-292-9582.

The facility provided the Child Abuse Protocol Memorandum 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.

Agency Institutional Abuse Policy 208 Section D, outlines the agency is required by law to notify law enforcement and the Department of Justice (DOJ) of potential criminal violations involving children, alleged physical/sexual abuse or serious neglect of a client by a DSCYF employee, contractor or volunteer requires a multidisciplinary response.

Facility staff reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. During an interview, Delaware State Police reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department.

The evidence shows that contractor and volunteers are subject to reporting to law enforcement for engaging in sexual abuse, prohibited from contact with residents which was verified by policy, interviews, and file documentation.

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

115.377 (b):

In the PAQ, the agency reported that facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

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. As written, the policy does not include the immediate removal for allegations of sexual harassment by a contractor or volunteer.

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, staff stated that the facility does take measures and would stop the person from coming into the facility and

	complete a full investigation. The Superintendent reported that they have not had an incident where this occurred at the facility. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required. Best Practice Recommendation: 1. Revise Policy 309 Removal of Employees from the workplace to include sexual harassment as an allegation as a remedial measure to prohibit any further contact with residents for violation of the agency's sexual abuse and sexual harassment policy.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 (Revised 6/29/17). 2. Ferris School for Boys Security and Control Administrative Intervention (Room Confinement) FS 9.19. (11/25/19) 3. Division of Youth Rehabilitative Services Professional Practices Lesbian, Gay, Bi-sexual, Transgender, Questioning, and Intersex (LGBTQI) Policy 2.20 (Revised 3/5/19). 4. Ferris School for Boys Handbook English (7/24/2020) 5. Ferris School for Boys Handbook Spanish (1/1/2019) 6. Administrative Intervention Observation Log 7. Investigations Interviews: 1. Superintendent 2. Medical and mental health staff 3. Discipline staff 4. Classification Staff 5. Delaware State Police 6. Education Staff Onsite Review Observations: 1. Observations during onsite review of physical plant Findings (by Provision): 115.378 (a): In the PAQ, the agency reported 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. The facility reported in the past 12 months there was no administrative finding or criminal finding of guilt for resident-on-resident sexual abuse that occurred at the facility. The facility relies on PREA Policy 2.13 Section IV, C, 2, h-I, which outlines that sexual contact and harassment is prohibited, contacts shall be addressed in the behavioral management programs. As written the policy does not specifically state 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. The Facility relies on Ferris School for Boys Security and Control Administrative Intervention (Room Confinement) policy that outlines that the use of room confinement and isolation for safety and security of youth and staff. Specifically, this policy addresses that administrative intervention/room confinement and Isolation is necessary to prevent imminent physical harm to other persons and to maintain security control of the facility. Administrative intervention will be used sparingly and judiciously only in conjunction with a system of rewards and restrictions when other treatment methods have failed. During an interview, the Superintendent reported that there were no allegations of sexual abuse or sexual harassment during the last 12 months that would have required the use of administrative intervention of a resident. During an interview, Delaware State Police reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department. A review of investigative information confirms there was no sexual abuse allegations at the facility during the 12 months preceding the onsite audit. The evidence shows that there were no administrative or criminal findings of guilt for resident-on-resident sexual abuse which was verified through PAQ, documentation review, interviews, and policy. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 115.378 (b): In the PAQ, the facility reported 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.

The Facility relies on Ferris School for Boys Security and Control Administrative Intervention (Room Confinement) policy that outlines that the use of room confinement and isolation for safety and security of youth and staff. Specifically, this policy addresses that administrative intervention/room confinement and isolation is necessary to prevent imminent physical harm to other persons and to maintain security control of the facility. The Administrative Intervention policy outlines that youth in protective custody, Isolation and room confinement shall have and will not deny daily large muscle exercise, legally required educational services, special education services, and mental health. Policy defines Isolation as any instance where a youth is confined alone for cause or punishment for 15 minutes or more in a room other than where the resident usually sleeps.

The policy also outlines that protective custody may be used to protect a youth from sexual or physical assault or other forms of abuse. The suggestion that protective custody may be used does not specifically outline that it shall be used. Residents placed in protective custody in administrative intervention will not be denied daily large muscle exercise, legally required educational services, special education services, daily visits from a medical and mental health clinician.

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. The facility reported there are no work programs at the facility.

During an interview with the superintendent, when asked what disciplinary sanctions are residents subject to following an administrative or criminal finding that a resident engaged in resident-on-resident sexual abuse, staff stated they would receive discipline through Administrative Intervention cognitive behavioral training (CBT) similar sanctions for similar offenses, extended time outs or move the resident to another facility. When asked if the facility uses isolation as a sanction, staff indicated they do use isolation as a sanction. During an interview, Classification staff stated residents would receive one hour of recreation time per day on the pod. Staff would also take residents outdoors by the cafeteria. During an interview, education staff stated they have never been to the Isolation unit but would send educational packets to residents. During interviews, Mental health staff stated they do daily visits on all residents at the facility.

During the onsite review, the auditor went into all areas of the facility which included the housing cluster that had two pods utilized for administrative intervention/isolation. The administrative intervention area had several rooms that could be utilized for isolation and one staff that would monitor the residents. The auditor was able to have an informal interview with residents on the isolation unit. The auditor reviewed two observation logs of residents that were in isolation. The observation log for Administrative intervention provides a detailed tracking of the resident, date, time, activity observed, and staff assigned to the resident. A review of the log did not provide that residents received instructor driven educational services. A review of 21 resident files did not reveal that residents were placed in isolation for resident-on-resident sexual abuse.

The evidence shows the facility does isolate residents at the facility which was verified through interview, observation, policy and documentation review. Residents in isolation receive daily visits from medical or mental health care clinician as provided in the standard and the agency policy. The evidence shows that residents are provided educational packets which is documented on the observation log but no instructor driven educational services is provided on the unit. No documentation was provided that could confirm the agency's practice of providing daily access to large-muscle exercise.

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

115.378 (c):

In the PAQ, the facility reports that 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.

During an interview with the superintendent, when asked is a mental disability or mental illness considered when determining sanctions, staff indicated that yes it would be considered.

A review of investigative records reveals there were no allegations, administrative finding or criminal finding of guilt of resident-on-resident sexual abuse.

The evidence shows that a resident's disability and mental health is considered when determining sanctions which was verified through interviews, and investigation information.

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

115.378 (d):

In the PAQ, the facility reported that they offer 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.

During interviews with medical and mental health staff, when asked if the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for sexual abuse, does the facility offer to offending resident, staff stated they would offer services. When asked do you provide these services as a condition of access, staff stated they do not.

Facility staff reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. During an interview, Delaware State Police reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department. A review of investigative information confirms there was no sexual abuse allegations at the facility during the 12 months preceding the onsite audit.

The evidence shows that the facility offers therapy without conditions of access which was verified through PAQ, and staff interviews with medical and mental health.

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

115.378 (e):

In the PAQ, the facility reports that agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

As outlined in the Ferris School for Boys Resident Handbook, the facility uses a Cognitive Behavioral Training (CBT) approach to assist in changing inappropriate behaviors and to help youth examine belief and thinking patterns.

Facility staff reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. During an interview, Delaware State Police reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department. A review of investigative information confirms there was no sexual abuse allegations at the facility during the 12 months preceding the onsite audit.

The evidence shows that the agency disciplines residents for sexual conduct with staff upon finding that the staff did not consent, which was verified by PAQ, resident handbook and interviews.

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 evidence sufficient to substantiate the allegation.

Agency PREA Policy 2.13 Section IV C, 1, I, outlines that if a youth files a PREA grievance in bad faith, made a verbal report about a PREA matter in bad faith, the program may discipline a youth via the Cognitive Behavior Treatment (CBT) program a copy of the incident shall be kept on file by the PREA coordinator and PREA compliance manager. As written, the policy does not specifically outline that 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 evidence sufficient to substantiate the allegation

As outlined in the Ferris School for Boys Resident Handbook, the facility uses a Cognitive Behavioral Training (CBT) approach to assist in changing inappropriate behaviors and to help youth examine belief and thinking patterns.

Facility staff reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. During an interview, Delaware State Police reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department. A review of investigative information confirms there was no sexual abuse allegations at the facility during the 12 months preceding the onsite audit.

The evidence shows that the agency prohibits disciplinary action for a report of sexual abuse made in good faith, which was verified by PAQ, interviews and investigation records.

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

115.378 (g):

In the PAQ, the 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.

Agency PREA Policy 2.13 Section IV C, 1, h, outlines that consensual sexual activity between youth does not fall within the PREA definition or reporting procedures. However, sexual contact and sexual harassment is prohibited in all division programs and contracts. These contacts shall be addressed in the behavioral management programs.

Facility staff reported there were no allegations of sexual abuse or sexual harassment during the last 12 months. During an interview, Delaware State Police reported that there were no criminal cases of sexual abuse or sexual harassment reported to the department. A review of investigative information confirms there was no sexual abuse allegations at the facility during the 12 months preceding the onsite audit.

The evidence shows that the agency prohibits all sexual activity between residents which was verified by PAQ, policy and investigation records.

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

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

Best Practice Recommendations:

1. Although a policy is not required, revise PREA Policy 2.13 to include 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.
2. Although a policy is not required, revise PREA Policy 2.13 Section IV C, 1 I, to include 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 evidence sufficient to substantiate the allegation. The current language mentions made in bad faith which is not consistent with the provision f.
3. Although a policy is not required, revise PREA Policy 2.13 Section IV, c, 2, to include that a resident may only be disciplined for sexual conduct with staff only upon finding that the staff member did not consent to such contact.
4. Provide Residents on administrative intervention, protective custody, Isolation and room confinement daily access to large-muscle exercise, legally required educational services and special education services as provided in the agency policy and consistent with the standard. Document when daily access to large-muscle exercise and educational services are provided to residents on the observation log.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. 21 Resident Files 2. 21 Resident Intake Screening 3. 20 Mental Health PREA Risk Assessment Notifications Interviews: 1. Staff Responsible for Risk Screening 2. Medical and Mental Health Staff 3. Database Management Information Systems Specialist Findings (by Provision): 115.381 (a): In the PAQ, the agency 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. In the PAQ, the facility reported in the past 12 months, all residents who would 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 maintains secondary materials documenting compliance. Staff that conduct risk screening are mental health staff, when asked if the screening indicate that a resident has experienced prior sexual victimization whether in an institutional setting or community, do you offer a follow-up meeting, staff reported they would offer a follow up meeting and the residents would start therapy after the initial screening is completed. The auditor notes that the agency's practice of mental health staff conducting the risk screening provides an immediate notification to mental health to provide services to the residents is a best practice. The auditor reviewed 21 resident file records and intake screening documentation. In review, none of the 21 residents had disclosed prior victimization during risk screening with mental health staff. The evidence shows that the facility requires that a follow-up meeting is offered to residents that disclose prior victimization and the facility would conduct the follow-up within 14 days of the intake process, which was verified through PAQ, interview and documentation review. Based upon this analysis, 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 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. It is noted that staff that conduct risk screening are also mental health staff, when asked if the screening indicates that a resident previously perpetuated sexual abuse, do you offer a follow-up meeting, staff reported they would offer a follow up meeting and the residents would start therapy after the initial screening is completed. The auditor reviewed 21 resident files and intake documentation and determined that none of the residents disclosed that they previously perpetuated sexual abuse during screening. The evidence shows that the facility requires that a follow-up meeting is offered to residents that disclose they previously perpetuated sexual abuse and the facility would conduct the follow-up within 14 days which was verified through PAQ, interview and documentation review. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required.

115.381 (c):

In the PAQ, the agency 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 an interview, the Information System Specialist/FOCUS liaison stated any cases for PREA comes into the intake portion of FOCUS and only the psychologist has access to the PREA risk assessment. Internal Affairs and the PREA coordinator have read only access. The superintendent and PREA compliance manager would not be able to see it.

A review of the PREA Risk Assessment notifications shows that the information informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments is only provided to the Superintendent and Assistant Superintendent.

The evidence shows that the agency has controlled the level of access that each staff has in 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.

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

115.381 (d):

In the PAQ, the agency 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, staff stated they do obtain informed consent and even if the resident declined the staff, they are mandated reporters. They staff reported they get informed consent forms to the parents (at court) do before the residents come to Ferris. Typically, within 24 hours of admission and they go over it with the residents.

The auditor asked the staff to explain the informed consent process, staff reported they get informed consent forms to the parents (at court) do before the residents come to Ferris. Typically, within 24 hours of admission and they go over it with the residents.

A review of the Consent for Diagnostic Procedures Division of Child Mental Health Services Intake and Assessment Services, outlines four conditions on which information about the client may be revealed to others which include the resident has vitaminized a child either sexually, physically or emotionally, they have been victimized by others, they plan to harm themselves or someone else. This document requires the consent of the resident and a responsible adult and witness. A review of documentation from 21 files reveals that mental health staff obtain informed consent for all residents which was verified through the PAQ, interviews and documentation review.

The evidence shows that medical and mental health staff do obtain informed consent for all residents and mental health and medical staff are mandated reporters.

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

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. Division of Youth Rehabilitative Services Medical Emergencies Policy 7.3 (Effective 9/15/14). 2. Department of Services for Children, Youth and Their Families Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults (1/4/21). 3. Facility Coordinated Response Plan 4. 21 Resident Files Interviews: 1. Medical and mental health staff 2. SANE Christiana Care 3. SANE A.I Dupont Hospital Findings (by Provision): 115.382 (a-b): In the PAQ, the facility 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 practitioner's professional judgement. In the PAQ, 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 infection prophylaxis. The facility relies on 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: • Ambulance or paramedic • Physician in charge • Facility superintendent or designee • Deputy director • Parent, guardian or legal guardian. PREA Policy 2.13 outlines that all medical interventions for PREA related incidents in New Castle County will be referred to A.I. Dupont or Christiana Care Hospital. The auditors interviewed a sexual assault nurse examiner (SANE) at Nemours/ Alfred A.I Dupont Hospital for Children regarding any services they would provide for victims at the facility. The forensic nurse stated they do offer SANE exams to victims of sexual abuse, victim advocate services and services concerning contraception and sexually infection prophylaxis. The SANE reported they have a hybrid model 20 hours a day Monday through Saturday. They can be contacted if needed and there is no cost to the victim. The auditors interviewed a sexual assault nurse examiner (SANE) at Christiana Care Hospital regarding any services they would provide for victims at the facility. The forensic nurse stated they do provide SANE exams at the hospital 24 hours a day seven days a week, services concerning contraception and sexually infection prophylaxis are at no cost to the victim. They also have a victim advocate available and group counseling therapy is offered by the hospital. Cost is covered through the victim compensation fund. The agency has a Memorandum of Agreement between the Division of Youth Rehabilitative Services and Survivors of Abuse in Recovery, Inc. (SOARS) that DYRS youth that have been victims of sexual abuse be provided advocates for support during a forensic medical examination and emotional support services related to their victimization. During an interview, staff at SOARS confirmed that they have a memorandum of agreement with YRS to provide victim advocate for emotional support but have not had any contact with any residents at the facility or staff at the facility. When

asked how does a resident contact your agency, the SOARS staff stated they would call (302)-655-3953 and after the prompts select extension 1 for the intake department. When asked do you accompany a victim during a forensic examination, staff stated “no” they would go to the hospital for someone in crisis, Staff stated they accompany victims through investigatory interview, emotional support, crisis intervention through telephone and maybe onsite. SOARS staff noted that during the COVID-19 pandemic they have been utilizing telehealth to communicate with victims.

During an interview with medical staff, when asked do victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention, staff stated that residents do have unimpeded access, they have an on-call doctor and the resident can get services immediately. When asked is the nature and scope of these services determined by your professional judgement, staff stated that the services are determined by their professional judgement and if there is a question about something there are other staff medical staff available.

Review of the facilities coordinated response plan outlines that once facility staff receives a complaint, they would notify a supervisor, the victim would be taken to the medical unit before being transported to A.I Dupont Hospital or Christiana Care formally Wilmington Hospital for examination and services.

The evidence shows that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services which was verified through PAQ, policy, documentation review and interviews.

Based upon this analysis, 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 Christiana Care Hospital employs forensic examination protocols in regards to sexual assaults of children in Delaware that are appropriate for youth, 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 auditors interviewed a sexual assault nurse examiner (SANE) at Christiana Care Hospital regarding any services they would provide for victims at the facility. The forensic nurse stated they do provide SANE exams and have a victim advocate available, counseling services are offered by the hospital, there is a SANE examiner at the hospital 24 hours a day seven days a week and the cost is covered through the victim compensation fund, they provide counseling, follow-up care, medications to prevent sexually transmitted infections prophylaxis.

The auditors interviewed a sexual assault nurse examiner (SANE) at Nemours/ Alfred A.I Dupont Hospital for Children regarding any services they would provide for victims at the facility. The forensic nurse stated they do offer SANE exams to victims of sexual abuse, victim advocate services and services concerning contraception and sexually infection prophylaxis. The SANE reported they have a hybrid model 20 hours a day Monday through Saturday. They can be contacted if needed and there is no cost to the victim.

During an interview with medical and mental health staff, when asked are victims of sexual abuse while incarcerated offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis, staff stated yes, the resident can get services immediately and they have an on-call doctor.

The evidence shows that resident victims of sexual abuse while incarcerated are offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis which was verified thought PAQ, MOU, documentation review and interviews.

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

115.382 (d):

In the PAQ, the agency 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.

The facility provided Department of Services for Children, Youth and Their Families Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults that outlines forensic exams are made available without cost to the youth where evidentiary or medically appropriate.

The auditors interviewed a sexual assault nurse examiner (SANE) at Christiana Care Hospital regarding any services they would provide for victims at the facility. The forensic nurse stated they do provide SANE exams and have a victim advocate

	available, counseling services are offered by the hospital, there is a SANE examiner at the hospital 24 hours a day seven days a week and the cost is covered through the victim compensation fund, The auditors interviewed a sexual assault nurse examiner (SANE) at Nemours/ Alfred A.I Dupont Hospital for Children regarding any services they would provide for victims at the facility. The forensic nurse stated they do offer SANE exams to victims of sexual abuse, victim advocate services and services concerning contraception and sexually infection prophylaxis at no cost to victim. The evidence shows 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 which was verified through PAQ, MOU, documentation review and interviews. Based upon this analysis, the facility is substantially compliant with this provision and no corrective action is required. 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. Division of Youth Rehabilitative Services Prisoner Rape Elimination Act (PREA) 2.13 Section IV E page 9, (Revised 6/29/17). 2. Department of Services for Children, Youth and Their Families Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults (3/6/19). 3. Memorandum of Agreement Between the Division of Youth Rehabilitative Services and Survivors of Abuse in Recovery, Inc. (SOARS) (3/11/19) and Website survivorsofabuse.org 4. Christiana Care Christiana Hospital website chirtianacare.org 5. Nemours/Alfred A.I Dupont Hospital for Children website nemours.org 6. Investigation Records 7. State of Delaware, Department of Services for Children, Youth and Their Families Ferris School for Boys website http://kids.delaware.gov/yrs/ferris/shtml 8. Ferris School for Boys Resident Handbook English (revised 7/24/2020) 9. Ferris School for Boys Resident Handbook Spanish (revised 1/1/2019) Interviews: 1. Medical and mental health staff 2. SANE Christiana Care 3. SANE A.I Dupont Hospital 4. Survivors of Abuse in Recovery, Inc. (SOARS) Findings (by Provision): 115.383 (a): In the PAQ, the facility 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. The facility relies on PREA Policy 2.13 E,1 (a), that outlines that all counseling services will be made available to all youth involved in non-consensual sex, abusive sexual contact or sexual harassment through Christiana Care Hospital or A.I. Dupont Hospital for evaluation and treatment. Review of the facilities coordinated response plan outlines that once facility staff receives a complaint, they would notify a supervisor, the victim would be taken to the medical unit before being transported to A.I Dupont Hospital or Christiana Care formally Wilmington Hospital for examination and services. During interviews with medical and mental health staff, when asked what does evaluation and treatment of residents who have been victimized entail, staff stated if a staff or resident makes a claim, staff would secure the scene, bring the resident to medical, we would make sure they feel safe, gather the information, get them access to the medical examiner for a rape kit, complete an abuse report, notify the abuse hotline and let the supervisor know. Staff indicated the process is on the agency's website. The auditors interviewed a sexual assault nurse examiner (SANE) at Christiana Care Hospital regarding any services they would provide for victims at the facility. The forensic nurse stated they do provide SANE exams and have a victim advocate available, counseling services are offered by the hospital, there is a SANE examiner at the hospital 24 hours a day seven days a week and the cost is covered through the victim compensation fund, they provide counseling, follow-up care, medications to prevent sexually transmitted infections prophylaxis. The auditors interviewed a sexual assault nurse examiner (SANE) at Nemours/ Alfred A.I Dupont Hospital for Children regarding any services they would provide for victims at the facility. The forensic nurse stated they do offer SANE exams to victims of sexual abuse, victim advocate services and services concerning contraception and sexually infection prophylaxis. The SANE reported they have a hybrid model 20 hours a day Monday through Saturday. They can be contacted if needed and there is no cost to the victim. The facility reported that there were no sexual abuse allegations at the facility during the last 12 months preceding the onsite audit. A review of investigative information confirms there was no allegations of sexual abuse reported 12 months preceding

the onsite audit.

The evidence shows that medical and mental health services evaluation and treatment is offered for residents that have been victimized by sexual abuse.

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

115.383 (b):

In the PAQ, the facility reported that evaluation and treatment for victims include follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to another facility or release from custody.

The facility relies on PREA Policy 2.13 that outlines that the Division of Prevention and Behavioral Health (DPBH) psychologist or the DYRS contracted medical provider will provide follow-up care while the youth remain in custody and for release and discharge. In addition to counseling services provided by DPBH, all youth shall be made aware of community agencies. The auditor notes that the DPBH contracted medical providers are now DYRS employees.

The agency has a Memorandum of Agreement between the Division of Youth Rehabilitative Services and Survivors of Abuse in Recovery, Inc. (SOARS) that DYRS youth that have been victims of sexual abuse be provided advocates for support during a forensic medical examination and emotional support services related to their victimization. During an interview, staff at SOARS confirmed that they have a memorandum of agreement with the facility to provide victim advocate for emotional support, crisis intervention and individual therapy but have not had any contact with any residents at the facility.

The auditors interviewed a sexual assault nurse examiner (SANE) at Christiana Care Hospital regarding any services they would provide for victims at the facility. The forensic nurse stated they do provide SANE exams and have a victim advocate available, counseling services are offered by the hospital, there is a SANE examiner at the hospital 24 hours a day seven days a week and the cost is covered through the victim compensation fund, they provide counseling, follow-up care, medications to prevent sexually transmitted infections prophylaxis.

The auditors interviewed a sexual assault nurse examiner (SANE) at Nemours/ Alfred A.I Dupont Hospital for Children regarding any services they would provide for victims at the facility. The forensic nurse stated they do offer SANE exams to victims of sexual abuse, victim advocate services and services concerning contraception and sexually infection prophylaxis. The SANE reported they have a hybrid model 20 hours a day Monday through Saturday. They can be contacted if needed and there is no cost to the victim.

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

115.383 (c):

In the PAQ, the facility reported they provide victims with medical and mental health services consistent with the community level of care.

During interviews with medical and mental health staff, when asked are medical and mental health services consistent with community level of care, staff stated they would say the services are better as they are on location at the facility , can respond quickly and they complete a lot of follow up with residents.

The auditor reviewed the agency’s website for the facility, the facility states certified providers offer medical, dental and psychological services.

During interviews with residents, no resident stated they had reported sexual abuse at the facility. The facility reported that there were no sexual abuse allegations at the facility during the last 12 months preceding the onsite audit.

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

115.383 (d-e):

In the PAQ, the facility reported that the facility does not have female residents at Ferris School for boys. Ferris School for Boys is an all-male facility.

During interviews, medical staff reported there are no female residents at the Ferris School for Boys.

In review of the agency’s website, the Ferris School for boys is a secure care ACA accredited treatment facility that provides services for up to 72 court committed males ages 13 to 18.

Based upon this analysis, the facility is substantially compliant with this provision which is verified by PAQ, website information and interviews. 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 auditors interviewed a sexual assault nurse examiner (SANE) at Christiana Care Hospital regarding any services they would provide for victims at the facility. The forensic nurse stated they do provide SANE exams and have a victim advocate available, counseling services are offered by the hospital, there is a SANE examiner at the hospital 24 hours a day seven days a week and the cost is covered through the victim compensation fund, they provide counseling, follow-up care, medications to prevent sexually transmitted infections prophylaxis.

The auditors interviewed a sexual assault nurse examiner (SANE) at Nemours/ Alfred A.I Dupont Hospital for Children regarding any services they would provide for victims at the facility. The forensic nurse stated they do offer SANE exams to victims of sexual abuse, victim advocate services and services concerning contraception and sexually infection prophylaxis. The SANE reported they have a hybrid model 20 hours a day Monday through Saturday. They can be contacted if needed and there is no cost to the victim.

The facility reported that there were no sexual abuse allegations at the facility during the last 12 months preceding the onsite audit. A review of investigative information confirms there was no sexual abuse allegations 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.

115.383 (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.

The facility provided Department of Services for Children, Youth and Their Families Affirmation of Compliance with Forensic Examinations Standards for Sexual Assaults that outlines Christiana Care Hospital employs forensic examination protocols in regards to sexual assaults of children in Delaware that are appropriate for youth, 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 auditors interviewed a sexual assault nurse examiner (SANE) at Christiana Care Hospital regarding any services they would provide for victims at the facility. The forensic nurse stated they do provide SANE exams and have a victim advocate available, counseling services are offered by the hospital, there is a SANE examiner at the hospital 24 hours a day seven days a week and the cost is covered through the victim compensation fund, they provide counseling, follow-up care, medications to prevent sexually transmitted infections prophylaxis.

The auditors interviewed a sexual assault nurse examiner (SANE) at Nemours/ Alfred A.I Dupont Hospital for Children regarding any services they would provide for victims at the facility. The forensic nurse stated they do offer SANE exams to victims of sexual abuse, victim advocate services and services concerning contraception and sexually infection prophylaxis. The SANE reported they have a hybrid model 20 hours a day Monday through Saturday. They can be contacted if needed and there is no cost to the victim.

During interviews with residents, no resident stated they had reported sexual abuse at the facility. The facility reported that there were no sexual abuse allegations at the facility during the last 12 months preceding the onsite audit. A review of investigative information confirms there was no sexual abuse allegations 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.

115.383 (h):

In 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.

During interviews with medical and mental health staff, when asked, do you conduct a mental health evaluation of all known resident-on-resident abusers and offer treatment if appropriate, staff reported they would process the next business day.

During interviews with residents, no resident stated they had reported sexual abuse at the facility. The facility reported that there were no sexual abuse allegations at the facility during the last 12 months preceding the onsite audit. A review of investigative information confirms there was no sexual abuse allegations 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. Based upon this analysis, the facility is substantially compliant with this standard and no corrective action is required. Best Practice Recommendation: 1. Although a policy is not required, revise the PREA policy Section IV E victim services, to include 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.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS Policy 2.13.IV.D.4.f-h 2. Sexual Abuse Investigation February 2020 3. Sexual Abuse Incident Review of Substantiated or Unsubstantiated Outcomes Form Interviews: 1. Superintendent 2. PREA compliance manager 3. Incident Review Team Member Findings (by Provision): 115.386(a)-1-2: In the DYRS Policy 2.13.IV.D.4.h, there is mention of an internal administrative review. It further states that the administrative unit is to identify two supervisory level staff that have received training to assist this level of incident review. After closer examination, the auditor is interpreting that the internal administrative review is an internal administrative investigation which would be conducted by investigators that have specialized training. Further, the investigators would provide evidence and findings to the administrative team. There were no sexual abuse investigations in the past 12 months to corroborate this practice. To review the facility's practice, the auditor utilized the sexual abuse investigation from the prior year in February 2020. Located in the sexual abuse investigative file, the auditor located a Sexual Abuse Incident Review of Substantiated or Unsubstantiated Outcomes Form. Though the sexual abuse allegation was unfounded, the Ferris School for Boys conducted a sexual abuse incident review at the conclusion of the sexual abuse investigation. Based on the analysis, the agency does substantially meet compliance in this provision. 115.386(b)-1 There were no sexual abuse investigations in the 12 months prior to the onsite audit. The auditor reviewed the February 2020 sexual abuse investigative file to review the facility's practice. Examination of the Sexual Abuse Incident Review of Substantiated or Unsubstantiated Outcomes of this allegation, it was learned that the completion of the investigation was on 02/07/20, and the sexual abuse incident review was completed on 02/12/20. PREA mandates that the sexual abuse incident review should happen within 30 days of the completion of the sexual abuse investigation. The Sexual Abuse Incident Review of Substantiated or Unsubstantiated Outcomes Form lacked date and signature of completion, so the auditor was not able to determine if the review was completed within 30 days of the incident. Based on the analysis, the agency does substantially meet compliance in this provision. 115.386(c)-1 Ferris School for Boys did not have any sexual abuse allegations within the last 12 months. In order to review the practice of the facility, the auditor relied on the investigative file of the sexual abuse allegation occurring February 2021. Contained on the Sexual Abuse Incident Review of Substantiated or Unsubstantiated Outcomes Form, there were several individuals participating on the sexual abuse review team for the sexual abuse allegation. The team was comprised of the PREA compliance manager, program manager, treatment specialist supervisor, and representing the upper management was the superintendent and assistant superintendent. There was no facility PREA investigator identified on the list, but the team utilized the input from the completed investigative report that may have been completed by an investigator. The auditor could not determine the origin of the completed investigative report. There was no medical practitioner, or mental health practitioner on the incident review team. The superintendent was aware that the facility had an incident review team. Based on the analysis, the agency does substantially meet compliance in this provision. 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 (6) 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 Section 115.386(d) which includes the consideration for policy or practice to better prevent, detect, or respond to sexual abuse. It 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 were any physical barriers, and they assess the staffing levels. The team also reviews the monitoring equipment. Lastly, the team completes the report and submits to the deputy director, PREA coordinator, PREA compliance manager, and the management analyst.

During the interviews, both the superintendent, PREA compliance manager and a member of the incident review team both confirmed that factors are considered of the motivation for the allegation of sexual abuse. Additionally, they would consider the staffing, and whether monitoring technology would need to be employed or augmented. The superintendent was specifically asked how the information from the Sexual Abuse Incident Review of Substantiated or Unsubstantiated Outcomes form is utilized. The information assists with staffing and facility needs. The incident review team member confirmed that there is an examination of the area where the incident occurred, and the monitoring equipment is also assessed.

Based on the analysis, the agency does substantially meet compliance in this provision.

115.386(e)-1

Located on the Sexual Abuse Incident Review of Substantiated or Unsubstantiated Outcomes, there is a section on the form with final recommendations. Based on the sexual abuse investigative file of February 2020, the form documented that there were no findings. In the final recommendation section of the form, it appears that the recommendations were documented.

The evidence shows that the facility does have a sexual abuse incident team, and they utilize the Sexual Abuse Incident Review of Substantiated and Unsubstantiated Outcomes Form to document the review. The sexual abuse team has upper-level management and input from designated individuals. The review team does not have an investigator participating, but the review utilizes the input an investigative report. It is undetermined the origins of report. The established form lists variables to consider when reviewing allegations of sexual abuse. Lastly, the facility considers recommendations to implement or documents its reasons for not doing so.

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

Best Practice Recommendations:

1. DYRS Policy 2.13.IV.D.4.h revise language add sexual abuse, sexual harassment, and retaliation; change internal administrative review to internal administrative investigation; efficient time frame should be a set time; clarify the position of investigator and clarify the type of training investigating sexual abuse in confinement. Clarify the following all issues regarding protection and/or prevention retaliation shall also apply to harassment allegations.
2. Documents to be reviewed for completion prior to submitting.
3. Incident review members include all members required by the PREA standard

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS Policy 2.13.IV.F.1-4 2. DYRS Policy 2.13 Attachment A 3. DYRS Policy 2.13 Attachment B 4. DYRS Policy 2.13 Attachment C 5. DYRS Policy 2.13 Attachment D 6. DYRS Policy 2.13.IV.C.1.c 7. Excel spreadsheet containing the incidents of sexual abuse and sexual harassment investigations from the private facilities in which DYRS contracts for confinement of its residents 8. Survey of Sexual Violence for 2019 9. https://kids.delaware.gov/pdfs_archive/prea/SSV-2019.pdf 10. Interviews: 1. Management analyst Findings (by Provision): 115.387 (a)-1: • DYRS Policy 2.13.IV.F.1-4 requires data collection utilizing a standardized instrument and a set of definitions. The four attachments to the policy are the forms used to collect the required information. • DYRS Policy 2.13 Attachment A- Sexual Violence Incident Form • DYRS Policy 2.13 Attachment B-Sexual Violence Incident Form: Victim • DYRS Policy 2.13 Attachment C-Sexual Violence Incident Form: Youth Perpetrator • DYRS Policy 2.13 Attachment D-Sexual Violence Incident Form: Adult Perpetrator Based on the sexual abuse investigation in 2020 and the review of the other DYRS facilities investigative files, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Based on the analysis, the agency does substantially meet compliance in this provision. 115.387(b)-1 According to DYRS Policy 2.13.IV.F.4, the management analyst III will provide a quarterly report to the deputy director to ensure outcome information is accurate and current. Annually, the facility aggregates the incident-based sexual abuse data in preparation for the submission of the Survey of Sexual Violence conducted by the Department of Justice. Based on the analysis, the agency does substantially meet compliance in this provision. 115.387(c)-1 Review of the DYRS Policy 2.13 attachments 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. Based on the analysis, the agency does substantially meet compliance in this provision. 115.387(d)-1 DYRS Policy 2.13.IV.F.2-3 states that the administrators are responsible for providing the internal investigation outcome for data collection. The deputy director will be responsible for reporting IA and/or criminal investigation outcomes for data collection. The policy details the agency shall maintain, review, and collect data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Based on the analysis, the agency does substantially meet compliance in this provision. 115.387(e)-1

Cited in the mandatory reporting section of DYRS Policy 2.13.IV.C.1.c contracted programs are responsible for reporting according to their contract and operating guidelines. In the supplemental files of the OAS, the management analyst provided the auditor an Excel spreadsheet containing the incidents of sexual abuse and sexual harassment investigations from the private facilities in which DYRS contracts for confinement of its youth.

Based on the analysis, the agency does substantially meet compliance in this provision.

115.387(f)

Provided on the agency's website is a copy of the report Survey of Sexual Violence for 2019. The report was submitted prior to June 30, 2020 by the management analyst.

Based on the analysis, the agency does substantially meet compliance in this provision.

The evidence shows that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under direct control using a standardized instrument and set of definitions. 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, and sexual abuse incident reviews. The agency collects information from the contacted facilities that contract with DYRS for the placement of youth.

Based upon this analysis, the facility is substantially compliant with this standard.

Best Practices Recommendations:

1. Revise DYRS Policy 2.13.IV.C.1.c with the addition of sexual abuse and sexual harassment.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS Policy 2.13.IV.F.1 2. DYRS Annual Report CY-2019 Delaware Division of Youth Rehabilitative Services Prison Rape Elimination Act 2019 Annual Report Interviews: 1. Agency head 04/05/21 2. PREA coordinator 04/05/21 3. PREA compliance manager 4. Director's Team Meeting Minutes 08/07/20- Zoom Meeting Review: 1. Agency Website https://kids.delaware.gov/yrs/prea-reports.shtml Findings (by Provision): 115.388(a): DYRS Policy 2.13.IV.F.5.a-d requires that an annual report shall be readily available to the public through its website. All information must receive prior approval by the division director 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. Review of the director's team meeting minutes from 08/07/20 reveal there is time devoted by DYRS to discuss information obtained from the data collected. During the meeting, there was an opportunity to discuss staffing plans and video monitoring system needs or concerns. During inquiry of the director (04/05/21), the auditor asked how the agency utilizes incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training. The agency head affirmed that the information is utilized in making decisions to improve safety and security. It was verified by the PREA coordinator that the agency does review the data collected to assess and improve effectiveness of its sexual abuse prevention, detection, and response policies, training as well as address any corrective action. It was further shared that the data and documents related to PREA are maintained with the management analyst under a two-lock system. Lastly, there was confirmation by the agency head that a report was generated and placed on the agency's website. The auditors also reviewed the website for the report. The PREA compliance manager also confirmed that the agency reviews data collected for sexual harassment and sexual abuse. Based on the analysis, the agency does substantially meet compliance in this provision. 115.388(b)-1-2 The DYRS Annual Report CY-2019 (Delaware Division of Youth Rehabilitative Services Prison Rape Elimination Act 2019 Annual Report) summarizes and compares the aggregated information of sexual harassment and sexual abuse received from both DYRS operated facilities and contracted facilities. Included on the report is the data analysis which details corrective actions. Found within the report is an assessment of the agency's progress in addressing sexual abuse. 115.388(c)-1-3 The DYRS Annual Report CY-2019 (Delaware Division of Youth Rehabilitative Services Prison Rape Elimination Act 2019 Annual Report) can be found on the agency website https://kids.delaware.gov/yrs/prea-reports.shtml, and the report is signed

	by the director of DYRS. The director of DYRS stated on 12/15/20 that he approves annual reports that are written pursuant to PREA Standard 115.388. Based on the analysis, the agency does substantially meet compliance in this provision. 115.388(d)-1-2 There were no redactions in the DYRS Annual Report CY-2019 (Delaware Division of Youth Rehabilitative Services Prison Rape Elimination Act 2019 Annual Report). A redaction clause was not necessary. The PREA compliance manager stated that redactions would include personal information. The auditor determined that the report did not require personal information so there was no need for redaction. Based on the analysis, the agency does substantially meet compliance in this provision. The evidence shows that the agency reviews data collected and aggregates to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies and training as well as corrective action. This information is developed into a report titled the DYRS Annual Report CY-2019 (Delaware Division of Youth Rehabilitative Services Prison Rape Elimination Act 2019 Annual Report). The report is approved by the agency head and made public annually on the agency website. There were no redactions to the 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.F.6-7 2. DYRS Policy 2.13.IV.F.5 3. The DYRS Annual Report CY-2019 (Delaware Division of Youth Rehabilitative Services Prison Rape Elimination Act 2019 Annual Report) 4. https://kids.delaware.gov/yrs/prea-reports.shtml Interviews: 1. Management analyst 2. PREA coordinator Site Review: 1. Management Analyst's Office 04/05/21 Findings (by Provision): 115.389 (a)-1: According to DYRS Policy 2.13.IV.F.6 all data collected throughout the division on PREA allegations and all associated reports, shall be securely stored by the management analyst using a double lock system. The PREA compliance manager further confirmed that all PREA related allegations and reports are maintained in a double lock system in the management analyst office. During the interview with the management analyst on 04/05/21, the auditor toured the office of the management analyst to verify the location and security of documents which were double locked. According to the management analyst on 04/05/21, there has been no changes in the storage of the documents pertaining to allegations of sexual abuse and sexual harassment. The agency substantially meets compliance in this provision. 115.389(b)-1 The DYRS Annual Report CY-2019 (Delaware Division of Youth Rehabilitative Services Prison Rape Elimination Act 2019 Annual Report) summarizes and compares the aggregated information of sexual harassment and sexual abuse received from both DYRS operated facilities and contracted facilities. The agency's practice includes the aggregated sexual abuse data from DYRS operated facilities and contracted facilities, but there is no policy that requires this action. This information is made public at https://kids.delaware.gov/yrs/prea-reports.shtml. The agency substantially meets compliance in this provision. 115.389(c)-1 Review of the agency website the auditor determined that DYRS has shown a practice of removing all personal identifiers from reports released on the agency website. During the interview on 04/05/21, the auditor was told by PREA coordinator that personal information would be redacted from reports. The agency substantially meets compliance in this provision. 115.389(d)-1 DYRS Policy 2.13.IV.F.7 requires that all data collected throughout the division on PREA allegations and all associated reports will be retained for no less than 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise. Review of documents maintained indicated that information is maintained for no less than 10 years. The agency substantially meets compliance in this provision. The evidence shows that the agency ensures that incident based, and aggregate data are securely retained. The agency has made public both DYRS operated and contracted facilities aggregated sexual abuse data available to the public annually through the website. The agency has insured that there are no personal identifiers on data released to the public, and sexual

	abuse and sexual harassment documents are maintained for no less than 10 years. The agency substantially meets compliance in this provision. Based upon this analysis, the agency is substantially compliant with this standard and no corrective action is required. Best Practice Recommendations: 1. Add to Policy 2.13.IV.F.5 requirements of 115.389(b)-1

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS Policy 5.24 2. DYRS Policy 5.6 3. Contract Excel Spreadsheet 4. Review of contracted facilities PREA final reports 5. https://kids.delaware.gov/yrs/prea-reports.shtml Interviews: 1. Contract manager 04/05/21 2. Mailroom staff 04/07/21 Review: 1. DSCYF Website Findings (by Provision): 115.401 (a)-1: During the prior three-year audit period, DYRS has ensured that DYRS operated facilities and contracted facilities were audited. The only exception was for the Residential Cottages' PREA audit which was rescheduled due to the Covid-19 Pandemic. During the interview with the contract manager, it was confirmed that all contracted facilities had completed the PREA final reports. In the PAQ, the contract manager provided an Excel spreadsheet with all completed final PREA report dates of contracted facilities. During the interview with the contract manager, the auditor inquired if there were any changes since the upload into the OAS. Based on the information provided, the auditor determined that all contracted facilities had provided a final PREA report. For those facilities that did not have a website, the contract manager provided the copy of the facilities PREA final reports to the auditors. During the Ferris School for Boys' onsite audit, the contract manager provided the information for two new contracts at residential facilities, and both facilities were PREA compliant. Additionally, information was provided regarding the completion of a PREA final report for another contracted residential facility. Listed below are the DYRS operated facilities PREA final reports along with the cycle and year completed. This information is also obtainable on the DYRS website https://kids.delaware.gov/yrs/prea-reports.shtml Ferris School Year 3 Cycle 2 Ferris School Year 3 Cycle 1 New Castle County Detention Center Year 3 Cycle 2 New Castle County Detention Center Year 3 Cycle 1 Residential Cottages Year 1 Cycle 2 Residential Cottages Year 3 Cycle1 Residential Cottages Interim Stevenson House Detention Center Year 2 Cycle 2 Stevenson House Detention Center Year 3 Cycle1 Stevenson House Detention Center Interim DYRS substantially meets compliance with this provision.

115.401(b)-1

This is the second year of the current audit cycle, and the agency was not able to ensure that at least one-third of each facility type operated by the agency was audited in the first year of the audit cycle due to the Covid-19 Pandemic.

DYRS substantially meets compliance with this provision.

115.401(h)-1

DYRS allowed full access to, and the ability to observe, all areas of the Ferris School for Boys. The auditors were given full access to all areas of the facility including interviewing all staff and residents requested.

DYRS substantially meets compliance with this provision.

115.401(i)-1

The auditor was permitted to request and receive copies of any relevant documents, including electronically stored information from agency's databases and hardcopy files. All requests for documents were fulfilled in a timely manner.

DYRS substantially meets compliance with this provision.

115.401(m)-1

In accordance with DYRS Policy 5.24 and DYRS Policy 5.6, youth are permitted to send information and correspondence to the auditor in the same manner as legal correspondence. Based on information provided by staff that handles resident mail, all mail is opened, searched, and read and it is not necessarily handled in a confidential manner including legal correspondence. Outgoing mail is not sealed prior to being handled by staff. During all phases of the audit, the lead auditor received no correspondence from youth or staff at Ferris School for Boys.

DYRS has ensured that agency operated, and contracted facilities have been audited at least once. During the first year of the audit cycle, the Residential Cottages were not audited due to the Covid-19 Pandemic. The auditors were granted full access to all areas of the Ferris School for Boys. The auditors were permitted to request and receive copies of any relevant documents including electronic stored information on databases. The auditors attest that they were permitted to conduct private interviews with residents. The residents were permitted to send correspondence to the auditor in the same manner as communication with legal counsel.

DYRS substantially meets compliance with this provision.

Based on this analyst the Ferris School for Boys is substantially in compliance with Standard 115.401. There is no corrective action at this time.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: 1. DYRS Final Audit Reports Review: 1. https://kids.delaware.gov/yrs/prea-reports.shtml Findings (by Provision): 115.403 (f): The auditor located all the division operated facilities final PREA reports on the agency's website https://kids.delaware.gov/yrs/prea-reports.shtml. The evidence shows that DYRS publishes all 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 facility is substantially compliant 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 staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: 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?	yes
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)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	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 functions of the facility? (N/A for non-secure facilities)	yes
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**	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	**Limits to cross-gender viewing and searches**	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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 coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	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 abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
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.)	na
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 on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
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 interviews?	yes
	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 not 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.)	yes

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?	no
115.322 (c)	**Policies to ensure referrals of allegations for investigations**	
	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
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	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?	yes
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 (b)	**Specialized training: Investigations**	
	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 (a)	**Obtaining information from residents**	
	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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	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 the agency attempt to ascertain information about: Physical disabilities?	yes
	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**	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	**Placement of residents**	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	**Placement of residents**	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	**Placement of residents**	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	**Placement of residents**	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
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?)	yes
	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?)	yes
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.)	na
	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.)	na

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.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
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.)	na
	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.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	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.)	na
	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.)	na

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.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
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 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.)	yes
	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 is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
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 prosecution?	yes
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 harassment policies?	yes
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 take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
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 for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	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 (d)	**Access to emergency medical and mental health services**	
	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.)	na
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.)	na

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
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	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 the confinement of its residents.)	yes
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 publication would present a clear and specific threat to the safety and security of a facility?	yes
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.)	no
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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	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